

Guidelines for Policies Pertaining to Withholding and Withdrawing Life-Sustaining Treatment

Assessing the Benefits and Burdens of the Treatment

1. Patients and legal representatives considering whether to withhold or withdraw life-sustaining treatment should assess the treatment's expected benefits versus the burdens to the patient. The patient's physician(s) should assist the decision maker in this assessment.
2. The unique facts of each case must be considered. Relevant considerations include:
 - a. How long the treatment is likely to extend life and whether it can improve the patient's prognosis for recovery.
 - b. The nature of the patient's additional life, specifically, the possibilities of a return to cognitive, sapient life and of a remission of symptoms enabling a return towards a normal, functioning integrated existence.
 - c. The degree of intrusiveness, risk, and discomfort associated with the treatment.

Who Must Be Consulted

1. The treating physician and consulting physicians (if any) shall be responsible for determining the patient's prognoses and diagnoses and providing the patient or the patient's legal representative with the requisite information to enable him/her to evaluate a treatment's benefits and burdens.
 - a. Confirmation of a treating physician's determinations is not required.
 - b. A physician may choose to secure a second opinion or to consult an ethics or review committee regarding the case whenever he/she determines that such a consultation may help clarify a patient's medical condition or substantiate a decision.
2. The patient shall be the decision maker whenever possible.
 - a. A patient with capacity to make health care decisions may direct the withholding or withdrawal of life-sustaining treatment after he/she has been informed of his/her diagnoses, prognosis, the nature of the treatment, its expected benefits, its associated risks and complications, and any alternative treatments and their benefits and risks.

Even when a patient with capacity to make health care decision has directed the withholding or withdrawal of life-sustaining procedures, it is advisable to consult the patient's immediate family. (The patient must consent to the disclosure of medical information to family and/or friends.) Life-sustaining treatment should not be withheld or withdrawn if a family member disagrees unless the patient clearly has capacity to make health care decisions and the patient has expressly given an informed refusal for the treatment.

- b. If the patient is incapable of making the decision, the health care providers and legal representatives must act in accordance with the patient's desires previously expressed,

as discussed in paragraph 3.a. below. If a patient is incapable of making the decision because of his/her medical or mental condition, a legal representative should, where possible, be identified.

3. a. Patient's Desires and Best Interests

The physician should determine, on the basis of his/her knowledge of the patient, in consultation with family and significant others, and any written documentation whether the patient has expressed a desire to have life supporting measures applied under all conditions or a desire to not have his/her life artificially prolonged.

- (1) If it is determined that the patient has expressed a desire to have life-sustaining measures applied under all conditions, an order to withhold or withdraw life-sustaining treatment should not be issued unless authorized by a court. This policy should not be interpreted to require the provision of care that is determined to be futile, however.
- (2) If the patient's desires are not known, the legal representative shall act in the patient's best interests. In general, treatment should be provided unless the benefits to be gained are outweighed by the burdens to the patient from the treatment. This determination depends upon factors unique to each case. Factors to be considered in determining what actions are in the patient's best interests include:
 - (a) The relief of suffering;
 - (b) The preservation or restoration of functioning;
 - (c) The quality as well as the extent of life sustained;
 - (d) The degree of intrusiveness, risk and discomfort associated with the treatment;
 - (e) The impact of the decision on those people closest to the patient.

b. Parent, Guardian, Agent, Surrogate, Conservator

If the patient is a minor who lacks the legal authority to make health care decisions, his/her parents or guardian must be consulted. If an adult patient has executed a power of attorney for health care that remains valid, the designated agent must be consulted. If an adult patient has designated a surrogate, the surrogate must be consulted. If the patient is an adult for whom a conservator has been appointed with authorization to make health care decisions for the patient, the conservator must be consulted. An order to withhold or withdraw life-sustaining treatment may not be issued if a person with specific legal authority to make health care decisions for the patient (i.e., the parents of a minor, guardian, agent, or conservator) disagrees, unless specific court authorization has been secured. In cases of disagreement by such person(s), hospital administration shall be consulted. This policy should not be interpreted to require the provision of care that is determined to be futile, however.

- (1) Whenever the patient has a guardian or conservator, a copy of the certified letters of guardianship or conservatorship must be obtained and placed in the patient's medical record.

- (2) Whenever an agent has been designated, a copy of the advance directive (power of attorney for health care) should be obtained and placed in the patient's medical record.
- (3) A minor shall not be presumed to be incompetent to participate in the decision-making process solely because of his or her age.

c. Patient's Family and Significant Others

Whenever possible, the patient's immediate family and, in appropriate cases, significant others shall be consulted, and their wishes should be given great weight in arriving at the decision. (The patient or the patient's legal representative must consent to the disclosure of medical information to family and/or friends.)

d. Consultations in the Event of Disagreement

If the withholding or withdrawal of treatment is appropriate, but a family member or significant other disagrees, hospital administration shall be contacted, and it shall be determined whether court authorization for the issuance of such an order should be sought. (See *paragraph 3.b above regarding disagreements by the parent of a minor, guardian, agent, or conservator.*)

e. Review if There Is No Legal Representative Who Can Act on Behalf of a Patient Who Lacks Capacity to Make Health Care Decisions

If the patient lacks capacity to make health care decisions and no legal representative can be identified, the hospital will follow the "Health Care Decisions for Unrepresented Patients" policy.

- 4. Hospital administration shall be consulted before an order to withhold or withdraw treatment is issued whenever:
 - a. The patient's condition has resulted from an injury which appears to be have been inflicted by a criminal act;
 - b. Refusal of treatment may cause serious harm to a minor;
 - c. The patient's injury or condition was created or aggravated by a medical accident;
 - d. The patient is pregnant;
 - e. The patient (male or female) is a parent with custody or responsibility for the care and support of young children;
 - f. A dispute exists regarding the desires or best intentions of an incompetent patient; or
 - g. No appropriate legal representative exists.

Procedure for Issuing an Order to Withdraw or to Withhold Life-Sustaining Treatment

1. All orders to withhold treatment that is usually automatically initiated (e.g., cardiopulmonary resuscitation in the event of cardiac or respiratory arrest) or withdraw life-sustaining treatment must be written and signed by the physician on the physician order sheet in the patient's medical record. Oral telephone orders will not be accepted. In addition, the physician must orally inform the nursing staff that such an order has been given to assure that the order is known and understood at the time it is written.

The terms **“do not resuscitate,” “DNR”** and **“no code”** refer to the suspension of the otherwise automatic initiation of CPR. CPR will be initiated automatically if there is no written and signed do not resuscitate order on the order sheet.

2. The orders or decision to withhold or withdraw life-sustaining treatment must be supported by complete documentation in the progress notes of all the circumstances surrounding the decision. Such documentation must include, but is not limited to:
 - a. A summary of the medical situation which specifically addresses the patient's situation. This must include reference to the patient's mental status, diagnoses, and prognosis at the time the order is written or the decision is made, and test results or an explanation if no tests were performed).
 - b. The outcome of any consultations with other physicians. Physicians who provide consultations must document their findings and recommendations.
 - c. A statement indicating the basis upon which a particular person(s) have been identified as appropriate legal representative(s) for the patient.
 - d. A statement summarizing the outcome of consultations with the patient, parent, guardian, agent, surrogate, conservator, family, registered domestic partner and/or significant others. If any such person not having specific legal authority to make decisions for the patient does not concur with the decision, the record should include a statement of the reason(s) why such person's opinions are believed not to be sufficient reason to preclude the withholding or withdrawal of the treatment in question.
3. The patient's physician is responsible for disconnecting medical devices (e.g., ventilators or IVs).
4. All decisions to withhold life-sustaining treatment must be reevaluated periodically, but in no case less often than every _____ days, as medically indicated. In addition, such decisions must be reviewed whenever a change in the patient's condition warrants review. All reviews must be documented in the patient's medical record.
5. Every necessary procedure should be performed to relieve the patient's suffering and to maintain the patient's comfort.

Dispute Resolution

In the event a dispute arises concerning the issuance of an order to withhold or withdraw treatment, the matter may be referred to the _____ committee for review. Until resolution of the dispute is reached, life-sustaining treatment should be provided (and do not resuscitate orders, if any, suspended).