

HOSPITAL

Department:

Category: Policy () New Revised () ()
 Procedure () () ()
 Regulation () () ()

Agency

Title: **WITHDRAWAL/WITHHOLDING LIFE SUPPORT FOR AN INCOMPETENT PATIENT**

Number: _____

Hospital recognizes the rights of patients to assent to, or to refuse medical treatment. When patients are competent and are able to speak for themselves these wishes can be easily known.

If a patient agrees to a treatment and becomes incompetent prior to, or within the course of that treatment, the patient's prior stated informed consent to care should be honored.

- The patient's condition has significantly changed resulting in potential harm to the patient or,
- The treatment will no longer having value to the patient.

In situations where treatment decisions needs to be reconsidered, the following list should be considered.

First, a valid Health Care Power of Attorney (or a Durable Power of Attorney for Health Care) that appoints an agent/attorney in fact, designated by the patient.

Second, a valid Living Will/Declaration that gives direction for care if a patient is incompetent and is in either a terminal condition, or a permanently unconscious state.

Third, in the absence of an Advance Directive, refer to procedure (2.a, b). These individuals, together with the Attending physician, will determine the appropriateness of withdrawing/ withholding Life Sustaining treatment.

A patient ruled to be in a Permanently Unconscious State who does not have an Advance Directive must be in that documented state for one year prior to the withdrawal of artificial nutrition and hydration.

Effective Date:

Review Dates:

Department Head

V.P. Clinical Serv.

Chief of Staff

President/CEO

:cg 10/03 C:\My Documents\Bioethics 2002\p-withdra withhold LS.doc (if applicable)

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INCOMPETENT PATIENT**

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Definitions

Life-Sustaining Treatment means any healthcare, including artificially or technologically supplied nutrition and hydration, that will serve mainly to prolong the process of dying.

Terminal Condition means an irreversible, incurable, and untreatable condition caused by disease, illness or injury for which the attending physician and one other physician, who have examined the patient, believe that the patient cannot recover and that death will likely occur within a relatively short time if the patient does not receive life-sustaining treatment.

Permanently Unconscious State means an irreversible condition in which a patient is permanently unaware of them self and their surroundings. The attending physician and one other physician, must examine the patient and agree that the patient has had total loss of higher brain function and are not able to feel pain or suffering.

Procedure

1. Two physicians (the attending physician and one other physician) who have examined the patient and determined the patient to be in a Terminal Condition and/or a Permanently Unconscious State shall document these findings in the patient's medical record.
2. The Attending physician shall make a good faith, and use reasonable diligence, to notify:
 - a. Individual's noted in the patient's Advance Directive
 - b. The highest existing level from the following list
 - i. A court appointed guardian (if one previously exists)
 - ii. The patient's spouse
 - iii. The patient's adult children, who are available within a reasonable amount of time
 - iv. The patient's parent
 - v. A majority of the patient's siblings available within a reasonable amount of time
 - vi. Other relatives of the patient available within a reasonable amount of time

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Note: when the highest available level of persons (noted above) has been reached, the physician has no obligation to contact additional levels.

3. The physician will document the conversation with the contacted level, making note of date and time of contact.
4. Ohio Revised Code allows for contacted individuals, and the next available level, to have 48 hours in which to respond to the physician's request. In the event that a level denies a physician's request, they are allowed three working days to approach probate court to challenge that request.
5. Individuals who consent to withholding/withdrawing life sustaining treatment must indicate this through signing the form **Withdrawal/Withholding Life Sustaining Treatment**. In the event that consent is provided by phone, two physicians or nurses will speak with the individual and record this conversation.
6. If both levels of noted persons agrees with the physician's assertion to withhold/withdraw life sustaining treatment there is no need to observe the 48 hour period.

Other policies to Consider:

Advance Directives

Do Not Resuscitate (DNR-CC/ DNR-CC-Arrest)

Consent for Withdrawal/Withholding of Life Sustaining Treatment

I/we hereby consent to the withdrawal/withholding of life sustaining treatment from _____ during this hospitalization at .
(patient name)

I/we have been advised by this patient's attending physician, _____, that the patient's present condition is described as:

Terminal – An irreversible, incurable, and untreatable condition caused by disease, illness or injury for which the attending physician and one other physician, who have examined the patient, believe that the patient cannot recover and that death will likely occur within a relatively short time if the patient does not receive life-sustaining treatment.

Permanently Unconscious State - An irreversible condition in which a patient is permanently unaware of him/herself and his/her surroundings. The attending physician and one other physician, must examine the patient and agree that the patient has had total loss of higher brain function and is not able to feel pain or suffering.

I/we have also been advised that the reasonable known consequences of withdrawal/withholding life sustaining treatment will be progressive deterioration of this patient's condition and, in all likelihood, death.

I/we acknowledge that this information has been fully disclosed to me/us in a satisfactory manner. To my/our knowledge, this decision is consistent with this patient's wishes, and on _____ at _____, I/we give my/our consent to withdraw/withhold life sustaining treatment. (date)
(time)

Signature	Date
Relation to Patient	

Signature	Date
Relation to Patient	

Signature	Date
Relation to Patient	

Signature	Date
Relation to Patient	

Witness	Date
Title	

Witness	Date
Title	

Addressog

_____ Signature	_____ Date
_____ Relation to Patient	

_____ Signature	_____ Date
_____ Relation to Patient	

_____ Signature	_____ Date
_____ Relation to Patient	

_____ Signature	_____ Date
_____ Relation to Patient	

_____ Witness	_____ Date
_____ Title	

_____ Witness	_____ Date
_____ Title	

Address

HOSPITAL-WIDE

Department: ADMINISTRATION	Category: Policy	(x)	()	New	Revised
	Procedure	(x)	()	()	(x)
	Regulation	()	()	()	()

Agency

Title: BIOETHICS: RESOLVING ETHICAL SITUATIONS INVOLVING
Number: MEDICAL CARE

Many ethical situations are resolved within the confines of the patient - physician relationship without seeking further input. As appropriate, the circle of concern for an ethical issue extends to include family members, individuals appointed by the patient as a Durable Power of Attorney for Health Care, Nursing staff involved in the care situation, and others involved in the case.

When discussion does not resolve the ethical situation, a referral to the Bioethics Advisory Committee should be made. At times the ethical issues raised are of significant nature and press on the borders of established medical ethical guidelines. These types of cases should receive a quick referral to the Bioethics Advisory Committee.

Procedure for referral to the committee, and the committee's feedback procedure are included.

Any individual involved in the case may make a referral to the committee using these procedures:

Referral of a Case to the Bioethics Advisory Committee:

- A referral to the committee is made to the chairperson or designee in the event the chairperson is unavailable.
- All referrals via phone should include the name of the patient, name of attending physician, and the ethical issue to be considered.
- The attached worksheet (Bioethics Advisory Committee Intake Worksheet) is to be used to record pertinent information which will help the committee understand all the dimensions of the case. The Worksheet is not placed on the patient's chart, and becomes the property of the committee.
- If assistance is required in completing the worksheet, it is available through Pastoral Care and Social Service.
- The completed worksheet must be provided to the chairperson or designee prior to the committee meeting.

Effective Date:

Review Dates:

Dept. Head

Admin. Head Bioethics Adv.
Chairperson

Chief of Staff
(If applicable)

Administrator/CEO

Department: ADMINISTRATION (Hospital-wide)
Title: BIOETHICS: RESOLVING ETHICAL SITUATIONS INVOLVING
Number: MEDICAL CARE

Action by the Bioethics Advisory Committee:

- The chairperson or designee will determine whether the referral should be handled by a Bioethics Stat Team (within 18 hrs.) Or the whole Bioethics Advisory Committee within 2 working days.
- The chairperson may choose to invite individuals important to the case to address the committee.
- All hospital policies regarding confidentiality will be followed regarding committee action.

Feedback from the Bioethics Advisory Committee:

- The Bioethics Stat Team will inform the chairperson in a timely manner and will report to the whole committee at the next scheduled meeting.
- The committee will inform appropriate individuals regarding the committee's opinions and findings.

Related policy and procedure: Stat Consultation Teams - Bioethics Advisory Committee