County of Los Angeles **Department of Health Services**

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
POLICY & PROCEDURE

NUMBER: 204
VERSION: 2

SUBJECT/TITLE: **FORGOING OF LIFE SUPPORT**

POLICY: The forgoing of life support is appropriate in certain clinical situations.

PURPOSE: To specify the conditions under which patient's life support may be withdrawn or withheld.

DEPARTMENTS: All

PRINCIPLES :

1. Life is a priceless gift. Medical care is generally aimed at preserving life and promoting/restoring health.
2. Death is a normal part of the human condition. Death is neither to be feared and avoided at all costs nor to be sought and directly procured.
3. Euthanasia is defined as the intentional ending of human life by act or omission in order to relieve suffering. Although the ethics of euthanasia has been debated since time immemorial, this hospital regards it as ethically wrong; it is also currently illegal.
4. Modern pain control techniques do not ordinarily shorten life. However, the use of medicine to treat severe pain is appropriate even if, hypothetically, it were to shorten life. In such a circumstance, pain control would not be the same as euthanasia, since death is not the objective of the treatment. Maintenance of lucidity is an important element in allowing a patient to prepare for death, but severe pain should be alleviated to the extent possible.
5. Decisions to administer, refuse, or discontinue life-sustaining treatment should be based on the concept of proportionality. One does not have an obligation to pursue a life-sustaining treatment if its risks or burdens are disproportionate to its expected benefits. The concept of burden is broad and must be individually assessed; it includes aspects such as the discomfort, risk, and expense of the treatment in question. Proportionality is understood here as a subjective assessment, on the part of the patient or surrogate acting on behalf of the patient, taking into account the totality of the patient's situation and resources (including physical, emotional, familial, social and financial resources).
6. Failure to provide a patient with nutrition and hydration *for the purpose of ending the patient's life or accelerating the patient's death* constitutes euthanasia and is unacceptable, even if nourishment must be provided by artificial means. However, situations can arise where the provision of

nutrition and hydration no longer provides substantial benefits and is actually burdensome to a dying patient. In such cases, the provision of food and water, by artificial means or otherwise may no longer be appropriate, even if the dying process is *incidentally* hastened.

7. It is not always easy for patients, family, or health care agents to apply the principles of proportionality to a particular situation. It is the duty of the attending physician to advise the patient or surrogate regarding potential benefits, burdens and risks of treatments. Consultation with a spiritual advisor from the patient's religious tradition may also help patients or their surrogates to arrive at appropriate decisions in keeping with the patient's values.
8. For all patients, every medical action should promote the relief of suffering and maintenance of comfort, hygiene and dignity.

DEFINITIONS:

Capacity- a patient's ability to understand the nature and consequences of proposed health care, including its significant benefits, risks and alternatives, and to make and communicate a health care decision (California Probate Code Section 4609).

Surrogate Decision Maker – an advocate for a patient lacking capacity who speaks for the patient in regards to medical decision making. This would include the agent designated in a durable power of attorney for healthcare or other advance directive, a court appointed conservator, a close family member, domestic partner or close friend who is aware of the patient's wishes and is willing to assume this responsibility.

Durable Power of Attorney for Healthcare – a written instrument designating an agent to make health care decisions for the principle (patient) (California Probate Code Section 4629).

Legal Conservator – a court-appointed conservator, having authority to make a health care decision for a patient (California Probate Code Section 4613).

Court Order Authorizing Medical Treatment "3200"– California Probate Code Sections 3200 to 3212 provide a procedure for petitioning a court for an order authorizing the "recommended course" of treatment determined by the treating medical/surgical team for a patient who is unable to give an informed consent and is without a surrogate decision maker. This order designates a person to give consent on behalf of the patient during a single hospital admission.

Physician Orders for Life-Sustaining Treatment (POLST) – a legally recognized physician order form that is valid across all treatment settings and specifies the types of medical treatment that a seriously ill patient would wish to receive. A POLST must be signed not only by the ordering physician but also by

the patient or surrogate (if patient lacks capacity). The POLST form is not required for forgoing of life support.

PROCEDURE:

1. Determining capacity – The patient's physician judges whether or not the patient has capacity (defined above) by assessing the patient's ability to make treatment decisions, as manifested by the following: a) an appreciation of the significant characteristics of one's disease, including prognosis and the potential limitations of full recovery; b) an appreciation of the inherent risks and benefits of the various treatment options: c) an appreciation of the inherent risks and benefits of refusing treatment; and d) an ability to understand these options relative to the patient's values and beliefs.

   Determining that a patient lacks the capacity to make healthcare decisions does not, in most circumstances, require a psychiatrist. Patients should not be considered to lack capacity simply because they have a psychiatric disease or are unable to make other kinds of decisions. If there is a suspicion that the patient's ability to reason is impaired by psychiatric disease, a psychiatric consultation should be obtained.

2. An adult patient capable of giving informed consent may request that life-sustaining treatment be discontinued. The following conditions must be met:

   a. All treatment options have been discussed with the patient.

   b. If depressed, the patient has a depression appropriate to the situation. Depression by itself is not a contraindication to the forgoing of life support. It may be an appropriate reaction to the situation. Psychiatric consultation may be helpful in distinguishing appropriate from pathological depression.

   c. If the health care providers perceive intent to suicide or feel that the degree of burden of the treatment does not warrant the forgoing of life support, then a psychiatric consultation should be requested for determination of capacity, and a multi-disciplinary Bioethics consult should be called. Although the topic of "rational suicide" is hotly debated, assisted suicide and euthanasia are illegal in the state of California, and requests for either one by a patient with capacity cannot be honored.

   d. When possible, family members should be informed of the patient's decision (providing the patient consents to the family being informed). Family opposition should not prevent the patient's wishes from being carried out.

When it has been verified that all of these conditions have been met, the primary attending physician may write an order discontinuing the therapy in question. A note should also be written in the chart, summarizing the discussion with the patient and other health care providers. Residents and interns should act with close attending supervision, and document the discussion with attending.

2. If a patient is incapable of deciding for himself/herself because of a medical or mental condition, a surrogate decision maker should be identified, whose role is to act in accordance with the patient's values and desires, as best as they can be determined..

    a. If the patient has executed a Durable Power of Attorney for Health Care (DPAHC), which remains valid, the designee shall be contacted and the patient's wishes carried out, as stated in the DPAHC form. If the Attorney-in-Fact is unable to comply with the patient's stated wishes, an alternate, if designated, should be contacted. If the patient has executed another form of advance directive that states that, under the prevailing medical conditions, the patient would wish that life support measures be terminated then this advance directive should be honored.

    b. In the case of a minor, the parents are the default surrogate, unless the minor is a ward of the court.

    c. If a patient has a legal conservator, this individual should be contacted for major decisions regarding the patient's care.

    d. If the patient has no legal pre-existing surrogate, the family should be contacted.

    e. If the patient has no surrogate, defer to the OVMC policy for decision making in the unrepresented patient.

3. Regardless of which category the surrogate decision maker falls in, all decisions should be made based on the best possible determination of what decision the patient would make, if he or she were capable of doing so, to the extent that it is in keeping with the basic ethical principles outlined above and with the law. The possibilities are as follows:

    a. If it is determined that the patient had expressed a desire to have life supporting measures applied under all conditions, they should be continued. However, a health care provider is not bound to provide medical treatment contrary to the provider's conscience or that is

medically non-beneficial. If a conflict occurs, Bioethics Committee consultation can be helpful. In some cases the conflict can be resolved by the health care provider transferring the case to another competent professional who is willing to carry out the patient's wishes. Life support should be continued until the conflict is resolved.

b. If the patient had previously stated that he/she would not wish life support to continue under conditions similar to those existing at the present time, the decision should be made to discontinue life support, provided this is consistent with the basic principles above and with the law.

c. If the patient's prior wishes cannot be determined, the surrogate decision maker shall act in the patient's best interest. The factors to be considered should be:

(1) Any prior statements the patient may have made about individuals in similar situations.

(2) The extent of present suffering and relief that may be provided.

(3) The chance for any form of recovery.

(4) The quality of life as well as the extent of life, which is being sustained.

(5) The impact of the decision on those people closest to the patient.

The surrogate's personal preference about what he/she would want done if he/she were in the patient's situation should not influence the decision away from the patient's stated wishes or the best interests of the patient.

The possibility of withdrawing life support from a patient should also be discussed with the nursing staff caring for the patient, as well as any other appropriate health care or support personnel.

Once the decision has been made to withdraw all or a portion of life support from a patient without decision-making capacity, the attending physician should write the order and document the discussion, as was mentioned above.

4. There may be times when a patient with full decision-making capacity wishes to have life support continued, but his/her health care providers feel

it is reasonable to discontinue it. Under such conditions the Bioethics Committee may be able to help clarify the issues.

5. **Consultation in the event of a disagreement**: When the parties involved in making these decisions are not able to agree what is in the best interests of the patient, a consultation with the Bioethics Committee or Social Work may be beneficial. For any serious disagreements, the Bioethics Committee should be contacted to help sort out the issues and to inform the appropriate administrative departments.

6. **Conflict of values**: In certain situations, the decision about continuing or discontinuing life support for a patient may conflict with the value system or morals of one or more of the patient's health care providers. If this occurs, the health care provider(s) should transfer care of the patient to another competent professional who can carry out the patient's wishes (assuming that the patient's wishes are lawful and in keeping with the basic ethical principles above, as determined by consensus in the course of a Bioethics consultation). Under no circumstances is the patient to be abandoned because there is a conflict of value systems.

RELATED POLICIES
Policy on Do-Not-Resuscitate (DNR) Orders
Policy on Unrepresented Patients

References: Probate Code Section 4629, Probate Code Section 4613, Probate code Sections 3200 to 3212, California law AB 2565 California Code of Health and Safety Code Section 7180 (a) (1) (2)	
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