

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

NUMBER: 762

VERSION: 2

SUBJECT/TITLE: END-OF-LIFE CARE

POLICY: When a diagnosis of terminal illness is made, upon the patient's request, the health care provider will provide the patient with comprehensive information and counseling regarding end-of-life options.

PURPOSE: To ensure that patients receive the information necessary to make informed decisions about end-of-life care

DEPARTMENTS: All

DEFINITIONS: **Actively dying**: the phase of terminal illness when death is imminent.

Disease-modifying therapy: treatment directed at the underlying disease or condition that is intended to alter its natural history or progression, irrespective of whether or not a cure is a possibility.

Health care provider: an attending physician and surgeon, or nurse practitioner practicing in accordance with standardized procedures or protocols developed and approved by the supervising physician and surgeon and the nurse practitioner.

Hospice: a specialized form of interdisciplinary health care that is designed to provide palliative care, alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and provide supportive care to the primary caregiver and the family of the hospice patient.

Palliative Care: is specialized medical care delivered through members of an interdisciplinary team for patients with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness, whatever the diagnosis and may be provided alongside of curative or disease-modifying therapy.

POLST: "Physician Orders for Life-Sustaining Treatment". A standardized medical order form that indicates the specific types of life-sustaining treatment a seriously ill patient does or does not want.

Refusal or withdrawal of life-sustaining treatment: forgoing treatment or medical procedures that replace or support an essential bodily function, including, but not limited to, cardiopulmonary resuscitation, mechanical ventilation, artificial

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nutrition and hydration, dialysis, and any other treatment or discontinuing any or all of those treatments after they have been used for a reasonable time.

PROCEDURE:

- A. When a health care provider makes a diagnosis that a patient has a terminal illness, the health care provider shall, upon the patient's request, provide the patient with comprehensive information and counseling regarding end-of-life care options.
- B. When a terminally ill patient is in a health facility, the health care provider, or medical director of the health facility, if the patient's health care provider is not available, may refer the patient to a hospice provider or private or public agencies and community-based organizations that specialize in end-of-life case management and consultation to receive comprehensive information and counseling regarding legal end-of-life care options.
- C. If the patient indicates a desire to receive the information and counseling, the comprehensive information shall include, but not be limited to, the following:
 - 1. Hospice care at home or in a health care setting.
 - 2. A prognosis with and without the continuation of disease-modifying therapy.
 - 3. The patient's right to refusal of or withdrawal from life-sustaining treatment.
 - 4. The patient's right to continue to pursue disease-modifying therapy with or without concurrent palliative care.
 - 5. The patient's right to comprehensive pain and symptom management at the end of life, including, but not limited to, adequate pain medication, treatment of nausea, relief of shortness of breath and fatigue, and other palliative modalities that achieve the relief of distress and discomfort at the last stages of a terminal illness.
 - 6. The patient's right to give individual health care instruction, which may be provided by means of a written health care instruction, such as an advance health care directive or POLST signed in conjunction with his/her physician directing care across all venues of health care.
 - 7. The patient's right to appoint a legally recognized health care decision-maker who may ensure that patient's wishes are carried out when patient no longer has capacity to do so.

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References: AB 2747 (Berg), Chapter 683, Statutes of 2008 End-of-Life Care; Part 1.8, Division 1, Health and Safety Code.	
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