

LAC+USC MEDICAL CENTER POLICY

Subject: REFUSAL OF TREATMENT		Original Issue Date: 7/11/75	Policy # 215
		Supersedes: 2/11/14	Effective Date: 3/27/20
Departments Consulted: Ethics Resource Committee Nursing Services Office of Risk Management	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer	
		(Signature on File) Chief Executive Officer	

PURPOSE

To ensure that, to the extent permitted by law, the patient or, when appropriate, the patient's surrogate or legal representative controls the decisions relating to his or her own health care including the decision to refuse treatment.

POLICY

An adult patient, patient's surrogate, or legal representative shall actively participate, to the extent possible, with health care providers in decision-making regarding medical treatment and has the fundamental legal right to control those decisions. In accordance with the provision of law, a patient with decision-making capacity shall have the right to refuse treatment, including treatment that may be necessary to sustain life.

A decision to refuse treatment continues to apply even though the patient later becomes comatose or otherwise loses decision-making capacity.

If the patient is without decision-making capacity, the appropriate legal representative or surrogate shall be given the relevant information in order to make an informed decision. The surrogate shall make a health care decision in accordance with the patient's individual health care instructions, if any, and other wishes to the extent known to the surrogate. Otherwise, the surrogate shall make the decision in accordance with the surrogate's determination of the patient's best interest. In determining the patient's best interest, the surrogate shall consider the patient's personal values to the extent known by the surrogate.

The physician of record is responsible for ensuring that the patient, patient's surrogate or legal representative is given all the information that is relevant to the refusal including benefits of the recommended treatment, risks of refusal, and alternatives to the recommended treatment with the risks and benefits of each. The physician shall not attempt to coerce the patient to accept the recommended treatment.

At any time during the patient's hospitalization, he or she, or the patient's surrogate or legal representative, may rescind a previous refusal.

Subject: **REFUSAL OF TREATMENT**Effective Date:
3/27/20Policy #
215**DEFINITIONS****Decision-Making Capacity**

An adult patient presenting himself or herself for treatment is assumed to have decision-making capacity unless there is evidence to the contrary. The determination of decision-making capacity shall be made by the physician and usually does not require a psychiatric consultation or a court hearing.

The adult patient demonstrates capacity to make decisions when he or she has been determined to have the following abilities:

- Ability to understand the given information about diagnosis, treatment, and the relationship of the proposed treatment to his or her medical condition;
- Ability to evaluate the risks, benefits, and alternatives of the proposed treatment and to make choices with appropriate reasons; and
- Ability to communicate his or her choice from the treatment options.

PROCEDURE

- If a patient refuses treatment, the physician must be notified immediately so that the physician can fully discuss the relevant information including benefits of the recommended treatment, risks of refusal, and alternatives to the recommended treatment with the risks and benefits of each.
- If for reasons of professional or personal ethics or conflict of conscience, any staff member is unable to continue with the responsibility for treatment of a patient who refuses recommended treatment, the staff member has the right and duty to notify his or her supervisor and to request transfer of the patient's care to other staff.
- In cases where a decision by a patient's surrogate or legal representative appears to be inconsistent with the patient's preferences or best interest, the physician should thoroughly discuss the issue with the representative. Consultation with the Ethics Resource Committee or the Fetus/Infant/Child Ethics Committee may be of assistance. In rare instances, legal remedies (e.g., a petition for the court to appoint a conservator) may be sought. If there is a difference in opinion between the health care provider(s) and the patient's surrogate or legal representative, the physician should generally continue treatment until the disagreement is resolved.
- The patient, patient's surrogate, or legal representative's decision to refuse treatment and the physician's explanation and discussion with the patient or his or her representative about the potential consequences shall be documented in the patient's health/medical record. It should include the patient, patient's surrogate or legal representative's refusal; information about the proposed treatment (including the recommended use of blood and/or blood products); a statement that the proposed treatment and potential consequences of refusal were explained to the patient, patient's surrogate, or legal representative who appeared to fully understand and appreciate the explanation.

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Effective Date:
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Policy #
215

Notification of Refusal of Treatment

Whenever a patient's refusal of treatment may result in significant adverse consequences, the Hospital/Service Administrator is to be notified immediately.

An Event Notification shall be generated by following the steps delineated in the Medical Center Policy #300, Event Notification Guidelines.

RESPONSIBILITY

- Administrators
- Attending Staff
- Housestaff
- Allied Health Professionals
- Nursing Staff

PROCEDURE DOCUMENTATION

Departmental Policy and Procedure Manuals

REFERENCES

- California Code of Regulations, Title 22, Section 70707 (5), (6)
- California Probate Code 4600-4805
- California Healthcare Association Consent Manual
- DHS Policy #322, Patients' Bill of Rights
- Medical Center Policies #s 204, 205, 221, 222, 222.1, and 300
- Joint Commission Standards (Ethics, Rights, and Responsibilities)

REVISION DATES

April 1, 1995; November 13, 1998; April 9, 2002; May 05, 2005; October 15, 2008;
February 11, 2014, March 27, 2020