GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
Joseph P. Verga, MS, FACHE Hospital Administrator/CEO	Medical Staff Nursing Services	June 28, 2013	A-RI600	1 of 6
TITLE: WITHDRAWAL OF LIFE SUPPORT				
LAST REVIEWED/REVISED: 06/2013				
ENDORSED: NMC 3/2013; PSC 04/2013; EC 04/2013; SCC 06/2013; MEC 06/2013				

PURPOSE:

To provide general guidelines for health care professionals in making legally and ethically appropriate treatment decisions for patients who are terminally ill, for patients who have lost cognitive function, or for patients who decline life-sustaining care and who request withdrawal of treatment including life support..

POLICY:

The Guam Memorial Hospital Authority (GMHA) recognizes the rights of competent adult patients, or their surrogate decision maker, to control decisions related to their healthcare, including the right to request the withdrawal of specific treatments or procedures that may or may not be deemed life sustaining.

A. Decisions concerning the issue of withdrawal of care are made in the same fashion as all other medical judgments. Such decisions require not only knowledge of the medical problems of the patient, but also an understanding of the long and short term goals appropriate to the patient and natural history of his/her illness. The decisions also require the informed consent of the patient or an appropriate surrogate decision maker.

B. Withdrawal of life support decision is the responsibility of the patient and his/her attending physician, but many others may be involved: Nursing and other clinical staff because of their additional knowledge of the patient and his/her circumstances; and family, who may provide crucial information about the patient's wishes when the patient cannot. All have the responsibility to insure that appropriate standards of care, communication and documentation are followed.

C. Decisions to use or decline extraordinary resuscitative measures to sustain life will be supported by the dictates of sound medical practice and the patient's right to accept or decline available medical procedures and treatment.

D. Conflicts of an ethical nature are to be referred to the patient's physician, nursing, pastoral care coordinator, community spiritual support person for discussion and resolution. Requests for ethical review and consultation shall be forwarded to the GHMA Medical Ethics Committee. Implementation of orders to withdrawal of life support measures will not be carried out until these conflicts have been resolved.

E. The medical and nursing staffs are responsible for providing continuous supportive nursing care measures and for documenting the patient's response to the withdrawal of life support measures and any changes observed in the patient's medical condition according to departmental documentation standards.

DEFINITIONS:

Advance Directive or Living Will:

A written document that indicates a person's wishes about critical in the event the person becomes incompetent to act upon his/her own behalf or to make decisions in the event he/she becomes incompetent to do so. Advance directives may be in the form of a living will or durable power of attorney for medical affairs. An Advance Directive may or may not include a DNR Declaration. (See related policy # 6170-2 Do Not Resuscitate (DNR) Orders in the Administrative Manual.)

Competent Person:

Legal term in which a person is deemed to possess the cognitive status to understand verbal or written communication and is able to make informed decisions affecting his/her welfare.

Incompetent Person:

An incompetent person includes minors under the age of 18 years, an incapacitated person who exhibits symptoms of remaining incapacitated, or a person found legally incompetent by a court whether due to mental illness or pursuant to 10 GCA §3801.

If a person who suffers from a mental illness, disability or other medical condition that makes him/her incapable of making decisions that affect his/her health and general welfare is identified by a physician or mental health professional, but there are no legal documents or information declaring said person mentally incompetent, GMHA will identify that person as "potentially being incompetent" until a court finds him or her legally "incompetent".

Life Supportive Measure/Life Sustaining Treatment:

Any medical procedure, treatment, intervention or other measure that, when administered to a patient, will serve principally to prolong the dying process or suffering. This is specific to each patient based on his/her medical condition and must be documented as such on the progress note. These may include those that provide nutrition, fluids, medications, and ventilation to the patient. Examples include diagnostic procedures, laboratory work, medications that promote circulation, respiration, or that fight infection, dialysis, transfusions, mechanical

ventilation.

Supportive Care Measures /Comfort Care:

These are interventions or treatments administered to diminish pain or discomfort, not to cause, accelerate, or postpone (prolong) death. These medical and nursing interventions that provide comfort, compassion, and support include: suctioning of airways, administration of oxygen, positions for comfort, personal hygiene, intake provided for comfort, splinting or immobilization, controlling external bleeding, providing pain medicine, emotional and psychosocial/spiritual support and contact of appropriate health care providers.

Surrogate Decision Maker:

The parent/guardian of a minor child (under the age of 18 years); closest relative of an adult patient lacking decision making capacity; the legal proxy designated in a Healthcare or Medical Power of Attorney; or the court appointed guardian of a judicially declared incompetent patient.

Healthcare Power of Attorney:

A legal form that allows an individual to empower another with decisions regarding his/her healthcare and medical treatment. A Healthcare power of attorney becomes active when a patient is unable to make decisions or consciously communicate intentions regarding his/her healthcare and medical treatment.

Permanently Unconscious State:

A state of permanent unconsciousness that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the attending and/or consulting physician examining the patient, is characterized by both of the following: (1) An irreversible lack of awareness of the self and environment; and (2) a total loss of cerebral cortical functioning, resulting in the patient's having no capacity to experience pain or suffering.

GUIDELINES:

COMPETENT PATIENT

A. Any competent adult patient has the right to refuse any medical intervention, including life-saving procedures. After careful consultation between the patient and his/her physician, a decision on any medical intervention, including Life Sustaining Treatment, is made by the patient. The physician should note in the medical record

the mental condition of the patient, and reference to the discussion which led to an informed decision, along with the appropriate orders.

B. A competent adult patient who makes a decision to forego any treatment, including Life Sustaining Treatment, always has the right to change or revoke such a decision. If a competent adult patient later becomes incompetent, his/her previously expressed decision(s) should ordinarily be respected unless a change in the physical condition of the patient has significantly decreased the benefit to the patient of the health care or is no longer effective in achieving the purposes for which the patient consented to its implementation. In this situation, sound medical decision will guide the discussion about withdrawal of life sustaining treatments with surrogate decision-makers

C. For a competent adult patient, the consent of family members is not necessary. Family disagreement with the patient's decision is not sufficient to override the patient's informed choice.

D. Hospital personnel and health care practitioners are never required to take action that is contrary to reasonable medical standards. In addition, these guidelines do not limit the authority of a physician to provide treatment to a patient in accordance with reasonable medical standards in an emergency situation.

INCOMPETENT PATIENT

A. If the patient is not competent but has left a durable power of attorney for health care or living will, or has otherwise reliably expressed an opinion about future care, these opinions shall be referred to as an expression of the patient's intent. Any written documents created by the patient should be placed in the patient's medical record.

1. If there is a valid durable power of attorney:

    • The designated advocate makes decisions for the patient. (this may or may not be the patient's spouse)

2. If there is no valid durable power of attorney, decisions will be made by the following legal representative, if reasonably available, in order of priority:

    a. the spouse of the patient;

    b. an adult child of the patient chosen by his/her siblings to represent the family;

    c. the parents of the patient;

    d. as adult sibling of the patient; or, if there is more than one adult sibling, a majority of the adult siblings who are reasonably

available for consultation;

e. the nearest other adult relative of the patient by blood or adoption who is reasonably available for consultation; or

3. If there is no durable power of attorney or spouse, but there is a court-appointed guardian, the guardian makes decisions for the patient.

4. In situations where it is not clear who is the appropriate surrogate decision maker for the incompetent patient, GMHA will remain committed to insuring that the patient's wishes and rights are followed to the fullest extent allowed by law.

   (a) The Attending Physician will meet with the patient's family to determine the identity of the appropriate surrogate decision maker for the patient.

   (b) If a patient is found to be "potentially incompetent," The Attending Physician will seek assistance from social services (including the Office of the Public Guardian) to obtain court determination on whether the patient is incompetent, and that legal representation be provided for the patient.

   (c) In situations where no valid determination can be made utilizing the above steps, the Hospital Administrator/CEO will consult GMHA legal counsel regarding the institution of court proceedings as necessary.

PROCEDURE:

A. When a decision has been made to withdraw treatment, specific orders must be written by the patient's attending physician, or by other physicians responsible for the patient's care after consultation with the attending physician.

B. The health care team has an ethical duty to: (a) discuss options for end of life care with the patient or, if the patient is not competent, with the patient's representatives (family, guardian, advocate); (b) relieve a patient's pain and suffering at the end of life; and (c) provide psychosocial and spiritual support for the loved ones of a dying patient. Discussion of end-of-life care with terminally ill patients (or, for incompetent patients, their representatives) should be part of an ongoing conversation and undertaken, whenever possible, long before death is imminent.

C. When death is both inevitable and imminent, and where the patient (or representative) concurs, sufficient dosages of narcotic, sedative, or other therapies should be employed with the emphasis on the primary intent to relieve the patient's pain and suffering.

D. **Specified Treatment Withdrawal:** Medical treatment not ordered or not renewed is not to be given. For example, it is not necessary to provide transfusion, or antibiotics, or

intravenous fluids for terminally ill patients, or for those without cognitive function, unless specifically ordered to relieve unnecessary pain and suffering.

Even though no new treatment (such as IV fluids or ventilation) is ordered **by the physician**, the means to provide that treatment sometimes remains in place (e.g., intravenous catheters, mechanical ventilators/tubes, circulatory assistance devices, etc.). **When ordered by the physician, such treatment devices may be removed or disconnected** .

Certain life sustaining interventions require the presence of the Attending Physician. The removal of an ETT and Ventilator that will result in immediate termination of life, shall require the presence of the Attending Physician. Other Consulting Physicians who have been active participants in the patient's care may serve this role.

E. **Documentation:** The circumstances leading to the decision to discontinue or withhold life sustaining treatment should be carefully recorded in the progress notes. The patient's condition and reliably expressed wishes should be documented to identify the basis for the decision. Documents written by the patient should be placed in the medical record. For competent patients, the decision should be based on the patient's informed decision to decline future life-sustaining treatment. For incompetent patients, the documentation should show informed refusal by advocate, spouse, parent or guardian, or reliably expressed patient wishes conveyed by the family. Decisions of family members, advocate, spouse, parent or guardian shall be guided by the past expressed intention of the patient while competent or the best interests of the minor child as understood by the parent or guardian.

Requests by patient, family member, or guardian to withdraw life-sustaining treatment should be discussed with the patient's attending physician. A summary of the discussion should be included in the patient's record whether or not a decision is made to withdraw life-sustaining treatment.

REFERENCE(S):

10 GCA §3801.

RELATED POLICIES:

Policy # A-R1300, Informed Consent Process, Administrative Manual
Policy # 6170-1 Determination of Death, Administrative Manual
Policy # 6170-2 Do Not Resuscitate (DNR) Orders, Administrative Manual
Policy # A-RI400 Patient Self-Determination (Advance Directives), Administrative Manual
Policy 6301-I D-5 Nursing Staff's Rights, Nursing Services Manual

RESCISSIONS:

Policy # 6301-II E-11 Withdrawal of Life Support, Nursing Services Manual, effective 08/2009

GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

☐ Bylaws — Submitted by Department/Committee: **Nursing Management Committee**

☐ Rules & Regulations — Policy No.: **A-RI600**

■ Policies & Procedures — Title: **WITHDRAWAL OF LIFE SUPPORT**

	Date	Signature
Reviewed/Endorsed	*03/13/2013*	[signature]
Title	**Christine Tuquero** **Assistant Administrator of Nursing Services, Acting**	
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Title	**Danielle Manglona** **Patient Safety Committee, Chair**	
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Title	**James Stadler, MD** **Ethics Committee, Chair**	
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Title	**Jonathan Sidell, MD** **Medical Executive Committee, President**	
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Reviewed/Endorsed		
Title		
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***Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**