HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
WITHHOLDING/WITHDRAWING LIFE-SUSTAINING TREATMENT

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Effective Date: June 1993	**Policy No: AD118**
Cross Referenced:	**Origin: Nursing department**
Reviewed Date: 05/02, 05/04, 08/07, 01/11, 05/11	**Authority: Chief Nursing Officer/ Chief Medical Officer**
Revised Date: 08/13	**Page: 1of 5**

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SCOPE
All medical and clinical staff.

PURPOSE
To outline the steps necessary to withhold/withdraw life-sustaining treatment.

SUPPORTIVE DATA
Hackettstown Regional Medical Center (HRMC) recognizes that the State of New Jersey identifies certain circumstances defining occasions when life-sustaining treatment may be withheld or withdrawn.
Note: This policy is not intended to replace or supersede the Do Not Resuscitate policy.

DEFINITIONS

I. **Life-sustaining medical treatment** may include but not be limited to the following:
- Medications: antibiotics, blood/blood products, cancer chemotherapy.
- Respiration: oxygen, mechanical ventilation, endotracheal intubation.
- Surgery
- Artificially administered hydration: intravenous, nasogastric.
- Artificially administered nutrition: nasogastric gastrostomy, intravenous.
- Diagnostic (physiologic monitoring)
- Renal Dialysis

II. **Attending Physician** means the physician member of the medical staff who has primary responsibility for the patient's care.

III. **Decision making capacity** means the ability to understand and appreciate the nature and consequences of refusing a particular life-sustaining medical treatment modality, including the benefits and disadvantages of that treatment modality, and to reach an informed decision regarding whether to refuse it or request its discontinuation.

IV. **Advance directive** means a written document such as a living will or durable power of attorney for health care which contains the patient's wishes concerning life-sustaining treatment and which was executed by the patient at a time when the patient had decision-making capacity.

V. **Persistent vegetative state** means a condition or permanent unconsciousness in which all capacity for interaction with the environment or other people is lost by the patient for at least one month.

VI. **Futile medical treatment** means medical treatment which may cause harm and/or will not correct the medical condition in the opinion of the attending physician and a second physician not involved with the care of this patient.

VII. **Surrogate decision-maker** means adult persons in the following order of authority:

a) Person designated by the patient in an advance directive to make medical decisions on the patient's behalf;
b) The patient's spouse or domestic partner;
c) The patient's adult children;
d) The patient's parents;
e) The patient's adult siblings.
f) Court-appointed guardian with authority to make medical decisions on the patient's behalf;

In the event there is no person in the aforementioned categories, and the hospital determines that another relative, e.g., a cousin, aunt, uncle, niece or nephew, functions in the role of the patient's nuclear family, then that relative can be the surrogate decision maker.

VIII. **Terminal condition** means the terminal stage of an irreversibly fatal illness, disease or condition. A determination of a specific life expectancy is not required as a precondition for a diagnosis of a "terminal condition", but a prognosis of a life expectancy of six months or less, with or without the provision of life-sustaining treatment, based upon reasonable medical certainty, shall be deemed to constitute a terminal condition.

POLICY

Circumstances When Life Sustaining Treatment May Be Withheld or Withdrawn

I. When the life-sustaining treatment is experimental and not a proven therapy or is likely to be ineffective in prolonging life or is likely to merely prolong an imminent dying process.
II. When the person is permanently unconscious (persistent vegetative state) as determined by the attending physician and confirmed by a second qualified physician.
III. When the person is in a terminal condition as determined by the attending physician and confirmed by a second qualified physician.
IV. In the event none of the above circumstances apply, when the person has a serious irreversible illness or condition and the likely risks and burdens associated with the medical intervention to be withheld or withdrawn may reasonably be judged to outweigh the likely benefits to the patient from such intervention, or imposition of the medical intervention on an unwilling patient would be inhumane.

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PROCEDURE

Criteria

I. The patient who has decision-making capacity:
   a. The patient must request of his/her physician that life sustaining treatment be withheld or withdrawn, in which case it shall be withheld or withdrawn.
   b. The condition of the patient must be determined by the attending physician to coincide with one of the four categories stated above and must be so documented in the patient's chart.

II. The patient who no longer has decision making capacity but who has a living will (advance directive) that is physically present on the patient's chart:
   a. The condition of the patient must be determined to coincide with one of the four categories stated above by the attending physician and must be so documented in the patient's chart.
   b. A decision to withhold or withdraw life sustaining medical treatment must be consistent with the terms of the living will (advance directive).

III. The patient who no longer has decision making capacity, who does not possess a living will (advance directive) but who has appointed a health care representative in an advance directive.
   a. The health care representative must request that life sustaining treatment be withheld or withdrawn.
   b. The condition of the patient must be determined to coincide with one of the four categories stated above by the attending physician and must be documented in the patient's chart.

IV. The patient who no longer has decision-making capacity but who does have a surrogate (other than a health care representative) who can express what the patient would have wanted.
   a. The surrogate decision-maker must request that life-sustaining treatment be withheld or withdrawn.
   b. The condition of the patient must be determined to coincide with one of the four categories stated above by the attending physician and must be documented in the patient's chart.
   c. Guardians of the Bureau of Guardianship Services are required by Regulation NJAC 10:48B to make a referral to the Ethics Committee.

V. The patient without decision-making capacity who has no surrogate and for whom the treatment would be futile.

a. The condition of the patient must be determined to coincide with one of the four categories stated above by the attending physician and must be documented in the patient's chart.
b. If the treatment is futile (i.e., may cause harm and/or will not correct the medical condition) then it is not necessary and may be withheld or withdrawn.

VI. The patient without decision-making capacity who has no surrogate and the medical intervention may reasonably be judged to be more burdensome than beneficial. The decision will be made by the attending physician and one other physician not involved in the case.
a. The condition of the patient must be determined to coincide with one of the four categories stated above by the attending physician and must be documented in the patient's chart.

b. If the Healthcare Ethics Committee fails to reach unanimous agreement, and the primary physician persists in a decision to withhold or withdraw treatment, the case shall be referred to the appropriate administrator or designee who may initiate the process of applying for medical guardianship from the appropriate jurisdiction.

Patient/Family Support & Consultation

When there are disputes between the patient/surrogate and/or family members and/or the physician, a family conference should be attempted. Consultation with nursing, Pastoral Care Services (or the patient's own spiritual advisor) and/or social services should be considered. If these professionals cannot solve the problem, a formal consultation with the Healthcare Ethics Committee is recommended. The patient/surrogate and/or family members may be present during the Healthcare Ethics Committee discussion or consultation.

Attending Physician Responsibility/Documentation

I. Document the decision in the progress note, including verbal consent, those present at the time of the decision and a statement of patient wishes. A living will, if completed, is useful as further documentation of the patient's wishes and this must be noted in the Progress Notes.

II. Write the withdrawing life support treatment order on the Doctor's Order Sheet.

III. Communicate with healthcare team caring for the patient.

IV. If change of status occurs, review patient status and patient/family/surrogate wishes concerning the withholding/withdrawing of life sustaining treatment. Rescind the order on the Doctor's Order Sheet if appropriate.

V. Review the withholding, withdrawing life support status periodically, review the treatment plan if appropriate and document any changes in the progress note.

VI. The attending physician has primary responsibility for removing life sustaining interventions if other members of the healthcare team refuse based on ethical beliefs.

Nursing Responsibilities/Documentation

I. Notification of NJ Sharing Network- if not already done
II. Implement the withholding/withdrawing life support treatment order according to approved nursing procedures.
III. The nurse has the right to refuse to participate based on ethical principles without being disciplined according to the nursing policy.
IV. Notify the physician of any significant improvement in the patient's condition which may influence the withholding/withdrawing life support treatment order.
V. When the withholding/withdrawing treatment order is received, it is the responsibility of the nurse to continue all regular patient care with special attention to patient dignity and comfort and to the emotional needs of the patient and family.

Patient Care

When a decision is made to withhold or withdraw life-sustaining treatment in accordance with this policy, the patient and his or her family shall be treated with compassion. The attending physician shall formulate a palliative care plan directed at achieving maximum patient comfort. The patient shall receive supportive care and medications to alleviate pain.