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Owner Hilary Walker:
Mgr Advance
Care Planning
Area Administration
Applicability PeaceHealth
Systemwide
Tags Policy

Advance Directives Policy

SCOPE

This policy applies to all PeaceHealth settings and services in the location(s) checked below:

Ambulatory Surgery Center	PeaceHealth Medical Group
Cottage Grove Medical Center	Sacred Heart RiverBend
Ketchikan Medical Center	Southwest Medical Center
Ketchikan Long Term Care	St. John Medical Center
Peace Harbor Medical Center	St. Joseph Medical Center
Peace Island Medical Center	System Services Center
PeaceHealth Home &Community	United General Medical Center
PeaceHealth Laboratories	

PURPOSE

The purpose of this policy is to:

- Provide care consistent with the mission and values of PeaceHealth, in recognition of the intrinsic worth and inherent dignity of those for whom we provide care.
- Ensure our patients are able to provide guidance to their loved ones, physicians, and Caregivers, regarding their wishes for healthcare treatments in the future, should they be unable to make these decisions for themselves.
- Ensure the implementation of the Federal Patient Self-Determination Act (PSDA) of 1991, affirming a competent patient's right to make decisions about their healthcare, to accept or

refuse medical treatment, and to complete an advance healthcare directive.

- Offer education and assistance to patients and the public in the documentation of their preferences for medical treatment; including their right to accept or refuse treatment; and
- Ensure PeaceHealth is in compliance with state laws and regulatory body standards regarding formulation, documentation, and implementation of advance directives.

DEFINITIONS

- **Advance Directives:** A voluntary formal document written in advance which provides direction to the health care team regarding preferences for care and can be used to guide care and when an adult Patient loses decisional capacity. Living Wills, Directives to Physicians, Durable Power of Attorney for Healthcare, Mental Health AD (MHAD) are all forms of advance directives.
- **Caregiver:** An employee of PeaceHealth.
- **Directive to Physicians:** A Living Will or Health Directive used in Alaska, Washington and Oregon.
- **Health Care Agent (HCA)/Health Care Representative (HCR) :** A person appointed by the patient in a Durable Power of Attorney document to make decisions for the patient when they lose decisional capacity ("Springing") or may be effective immediately. (AK and WA use HCA, OR uses HCR language)
- **Patient:** Both the patient and/or the patient's legal personal representative.
- **Surrogate Decision-Maker:** A patient's legal decision-maker according to the laws of the State where the patient is receiving medical care. Generally, the order is as follows: (varies by state. please see state specific hierarchy on ACP team crossroads page)
 - Legal Guardian appointed by the Courts
 - Health Care Agent/Representative named in a Durable Power of Attorney for Health Care (DPOAH)
 - Legal Spouse
 - Adult children over the age of 18
 - Parents
 - Adult siblings over the age of 18
 - Please see your state laws for specifics, i.e. majority vs. unanimous consent within groups where there is more than one member, etc.

POLICY

It is the policy of PeaceHealth, that in keeping with our mission and values, PeaceHealth supports patients and their surrogates right to participate in healthcare decision making and advance care planning. PeaceHealth offers assistance in formulating and documenting advance directives per Patient's wishes and ensures those wishes and directives are followed in accordance with standard medical practice and state and federal law.

- In the event a caregiver is unable to comply with a Patient's advance directives for legal,

religious or cultural reasons, they must inform the patient (or surrogate) and arrange for transfer of care as per federal and state law.

- Formulation of advance directives is entirely voluntary, and a Patient with decisional capacity may change or revoke an advance directive at any time, verbally or in writing. All PeaceHealth medical centers and clinics have procedures for the implementation of this policy within their facilities.
- Note: Alaska, Washington and Oregon state law requires Advanced Directives to be witnessed by two people or an acknowledgment by a notary public. See PeaceHealth Witness/Notary Policy.
- In the event a patient has not completed advance directives naming a healthcare representative/agent; state law designating the order of legal decision-makers will be followed. See State Hierarchies on ACP crossroads page.
- In the event the patient has completed an Advanced Directive but does not have it with them, there is a process for follow up reflected in the procedure.

HELP

Further guidance may be obtained by contacting the Advance Care Planning team

RELATED MATERIAL

Policies & Procedures:

- [Advance Directives for Patient Access in CareConnect](#)
- [Witnessing and Notarizing Medical Advance Directives Policy](#)

Laws & Regulations:

- Patient Self-Determination Act of 1991
- RCW 70.122 Natural Death Act
- RCW 70.122.030 Directive to Withhold or Withdraw Life Sustaining Treatment
- RCW 11.94 Power of Attorney
- ORS 127
- Alaska:
 - AS 13.52.010 et seq.
 - AS 12.65.007
 - 7 ACC 16.010
- 42 U.S.C. § 300a-7 (d)

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Owner Erica Torres: Sys
VP Mission
Integration
Area Mission Services
Applicability PeaceHealth
Systemwide
Tags Policy and
Procedure

Physician Assisted Suicide Policy

SCOPE

This policy and procedure applies to all PeaceHealth settings and services in the location(s) checked below:

Ambulatory Surgery Center	PeaceHealth Medical Group
Cottage Grove Medical Center	Sacred Heart RiverBend
Ketchikan Medical Center	Southwest Medical Center
Ketchikan Long Term Care	St. John Medical Center
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PeaceHealth Laboratories	

PURPOSE

The purpose of this policy and procedure is to provide the requirements for appropriate support of dying persons and families while respecting PeaceHealth's position as set forth in its policy.

DEFINITIONS

- **Death with Dignity:** Defined under Oregon and Washington State laws, as when a terminally ill, informed adult voluntarily chooses to obtain a physician prescription for drugs to end his or her life and *self-administers* the drugs, thereby hastening his or her death following

confirmation of a prognosis of dying in less than six (6) months. Prior to receiving this prescription, a patient must have a second physician's opinion regarding their terminal diagnosis, make an oral and a written request, and reiterate the oral request to his or her attending physician no less than seven (7) days after making the initial oral request. The patient must also have counseling if either physician believes the patient has a mental disorder, or impaired judgment from depression, and be cleared of these by the person providing the counseling. Patients also have the choice whether to notify next of kin or not. Health care providers are immune from civil and criminal liability for good faith compliance.

- **PeaceHealth's Statement of Common Values:** A document curated by PeaceHealth's Board of Directors which identifies PeaceHealth as a Catholic health system and offers ethical guidance to be followed by any and all who conduct patient care and/or business on behalf of PeaceHealth.
- **Physician Assisted Suicide:** A volitional choice – deemed wrong according to the moral teachings of the Roman Catholic Church – to hasten one's death via the self-administration of lethal medication obtained from a physician which directly causes one's death.

POLICY

As a Catholic health system, PeaceHealth does not promote or participate in physician assisted suicide (PAS, known by some as Death with Dignity or DWD). (See PeaceHealth's Statement of Common Values) Patients wanting information on PAS should consult their provider.

OVERVIEW

According to PeaceHealth's Statement of Common Values, "Any act done with the explicit intent of ending a patient's life may not be performed in PeaceHealth owned or leased facilities. A patient's decision to refrain from aggressive or curative treatment will be respected, even when such a decision may result in the person's death. Medicines capable of relieving pain and suffering may be given to a person even if such therapy may indirectly shorten the person's life."

PROCEDURE

1. Make an initial determination that a patient has a terminal disease and inform the patient of the medical prognosis.
Providers, pharmacists, and other Caregivers may not provide drugs that allow patients to end their own lives in PeaceHealth facilities or as an employee of or an independent contractor with PeaceHealth.
2. Patients voicing an interest in pursuing PAS should be asked about the reasons for their interest to determine if modalities offered by PeaceHealth may help, and receive a palliative care consult, a spiritual care consult, a hospice eligibility intake assessment, and/or information from their provider about relevant community resources as appropriate.
3. Patients pursuing PAS independently who are also hospice eligible may be admitted to a PeaceHealth hospice program with the intent of receiving hospice care consistent with PeaceHealth's mission and values.
4. Patients in the hospital voicing an interest in pursuing PAS who are not hospice eligible should

receive a palliative care consult, a referral for spiritual care, and/or information from their provider about relevant community resources as appropriate.

5. Provide the patient with information about appropriate and allowable end-of-life resources as well as the link to the Washington Death with Dignity Act website or similar websites in other states with DWD or similar laws upon the request of the patient.
6. Providers should enter a chart note with the smartphrase, .firstoralrequest, which states: “@name@ has made a first oral request today to pursue the option of obtaining life-ending medications for self-administration under applicable state Death with Dignity statutes. I provided resources for end-of-life support (palliative care, hospice, online resources for Death with Dignity) excluding medication prescribed with the intention of helping patient end their own life.”
7. While PeaceHealth does not restrict freedom of provider speech, providers may not use facilities or medical records to aid in DWD requests.
8. In home hospice settings, Caregivers may not provide life ending medications or be in the patient’s room when they ingest life-ending medications. However, after ingestion, Caregivers may provide nursing, spiritual, social, and other supports as needed.
9. All normal support services for the family, including bereavement coordination should be provided to the family when and where applicable.
10. PeaceHealth caregivers or providers with conscience objections should follow the process outlined in the [Objections of Conscience Policy](#).

HELP

Further guidance may be obtained by contacting Mission Services.

REFERENCES

- Oregon Health Authority, <https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/index.aspx>
- Washington State Department of Health, <https://www.doh.wa.gov/youandyourfamily/illnessanddisease/deathwithdignityact>
- Ethical and Religious Directives for Catholic Health Care Services (ERDs), 6th Edition, United States Conference of Catholic Bishops. 2018.



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Owner Erica Torres: Sys
 VP Mission
 Integration
 Area Mission Services
 Applicability PeaceHealth
 Systemwide
 Tags Policy and
 Procedure

Voluntarily Stopping Eating and Drinking Policy

SCOPE

This policy applies to all PeaceHealth settings and services in the location(s) checked below:

Ambulatory Surgery Center	PeaceHealth Medical Group
Cottage Grove Medical Center	Sacred Heart RiverBend
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PURPOSE

The purpose of this policy is to clarify the PeaceHealth position on "voluntarily stopping eating and drinking" (aka VSED).

DEFINITIONS

- **Ethical and Religious Directives for Catholic Health Care Services (ERDs):** A document published by the United States Conference of Catholic Bishops that provides ethical and religious guidance to be followed by any and all Catholic healthcare systems wishing to maintain a Catholic identity.

- **Voluntarily Stopping Eating and Drinking:** A volitional choice – deemed wrong according to the moral teachings of the Roman Catholic Church – to refuse oral food and fluids for the purpose of hastening death via the process of terminal dehydration.

POLICY

As a Catholic health system, PeaceHealth does not promote or participate in voluntarily stopping eating and drinking (VSED) to hasten death. (See ERDs 58 and 60.) Patients wanting information on VSED should consult their provider.

OVERVIEW

VSED is a volitional choice – deemed wrong according to the moral teachings of the Roman Catholic Church – to refuse oral food and fluids for the purpose of hastening death via the process of terminal dehydration. VSED is distinct from the withdrawal of burdensome medical treatment (such as a feeding tube) or deciding to stop eating and drinking due to an inability to receive oral food and fluids because of burdens related to a medical condition. Individuals who successfully complete VSED die from dehydration brought on by the voluntary choice to refuse to take oral food and fluids. Individuals deciding to pursue VSED may or may not have a terminal medical condition. As a Catholic health system, PeaceHealth understands the intake of oral food and fluids under normal circumstances to be ordinary or proportionate means of preserving human life. (See ERD 56.) Exceptions to this may occur when in the judgment of the patient (or their health care representative) the intake of oral food and fluid themselves become excessively burdensome *due to an underlying medical condition*. (See ERDs 57 and 58.)

PROCEDURE

1. Patients voicing an interest in pursuing VSED should be asked about the reasons for their interest in VSED to determine if modalities offered by PeaceHealth may help, and receive a palliative care consult, a spiritual care consult, a hospice eligibility intake assessment, and/or information from their provider about relevant community resources as appropriate.
2. Patients pursuing VSED independently who are also hospice eligible may be admitted to a PeaceHealth hospice program with the intent of receiving hospice care consistent with PeaceHealth's mission and values.
3. Patients in the hospital voicing an interest in pursuing VSED who are not hospice eligible should receive a palliative care consult, a referral for spiritual care, and/or information from their provider about relevant community resources as appropriate.
4. PeaceHealth caregivers or providers with conscience objections should follow the process outlined in the [Objections of Conscience Policy](#).

HELP

Further information may be obtained by contacting Mission Services by phone at (360) 729-1295, or the System Director of Hospice and Palliative Care at (360) 729-1681.

REFERENCES

- United States Conference of Catholic Bishops, [Ethical and Religious Directives for Catholic Health Care Services](#).
- Jansen, I.A., & Sulmasy, D.P. (2002). "Sedation, alimentation, hydration, and equivocation: Careful conversation about care at end of life." *Annals of Internal Medicine*, 136, 845-849.