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| Owner: | <i>Kim Deeny: Mgr, Medical Staff</i> |
| Policy Area: | <i>Medical Staff (MS)</i> |
| References: | <i>Medical Staff</i> |
| Applicability: | <i>CA - Queen of the Valley Medical Center</i> |

End of Life Information and Counseling

Values Context:

Practicing within the context of our core values of Dignity, Excellence, Service and Justice ensures the provision of respect for each person, accountability, commitment to quality, opportunities to serve each other and a sense of community among all persons.

Purpose:

To provide guidance for hospitals and physicians regarding instructions for end-of-life care options which are to be provided to patients upon request.

Policy:

When a physician makes a diagnosis that a patient has a terminal illness, the physician shall, upon the patient's request, provide the patient/surrogate decision-maker with comprehensive information and counseling regarding legal end-of-life care options.

When a terminally ill patient is in a health facility, the physician may refer the patient to a hospice provider or private or public agencies and community-based organizations that specialize in end-of-life care case management and consultation to receive comprehensive information and counseling regarding legal end-of-life care options.

If a health care provider, for reasons of conscience or health system policy, cannot comply with the patient's request for information, the physician shall do both of the following:

1. Refer or transfer a patient to another physician that shall provide the requested information
2. Provide the patient with information on procedures to transfer to another physician that shall provide the requested information.

Considerations/Regulations/Related Issue:

California Health and Safety Code Sections §442-442.7
2010 California Hospital Association Consent Manual pages 5.12 and 5.14

Scope/Responsible Person(s):

Physicians

Healthcare providers as outlined by their scope of practice

Procedure:

1. If the patient indicates a desire to receive the information and counseling, the comprehensive information shall include, but not be limited to, the following:
 - A. Hospice care at home or in a health care setting
 - B. A prognosis with and without the continuation of disease-targeted treatment
 - C. The patient's right to refusal of or withdrawal from life-sustaining treatment
 - D. The patient's right to continue to pursue reasonable disease-targeted treatment, with or without concurrent palliative care, providing that the interventions are not physiologically inappropriate.
 - E. The patient's right to comprehensive pain and symptom management at the end of life
 - F. The patient's right to have an advance health care directive, including written health care instruction(s) and the appointment of a legally recognized health care decision maker.
 - G. When a patient expresses intent to pursue the end of life option act the patient will be informed that Saint Joseph Health (SJH) will not participate or assist in that act and its physicians, employees, contractors and volunteers will not provide, deliver, administer or assist the patient with the lethal prescription. SJH caregivers will still provide all other requested end-of-life and palliative care and other services to patients and families.
2. The above listed information may, but is not required to, be in writing. Health care providers may utilize information from organizations specializing in end-of-life care that provide information on factsheets and Internet Web sites to convey the information described above.
3. Counseling may include, but is not limited to, discussions about the outcomes for the patient and his/her family, based on the interest of the patient.
4. Information and counseling may occur over a series of meetings with the health care provider or others based on the patient's needs.
5. The information and counseling sessions may include a discussion of treatment options in a manner that the patient and his/her family can easily understand.
6. If the patient requests information on the costs of treatment options, including the availability of insurance and eligibility of the patient for coverage, the patient shall be referred to Social Services for assistance in obtaining the requested information.

References:

CDPH All Facilities Letter 08-44 (February 4, 2009)
California Health and Safety Code Sections §442-442.7
California End of Life Option Act 2016
Aid in Dying (Physician Assisted Suicide) Policy, St Joseph Health 02/18/16

Author/Resource Person's Job Title:

Resource Person: Palliative Care Nurse
Author: Director, Mission Services

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|--|---------|
| Clinical Quality Committee (CQC) & Community Board | Angela Graf: Director of Clinical Excellence | 03/2020 |
| Medical Staff Executive Council (MSEC) | Angela Graf: Director of Clinical Excellence | 03/2020 |
| | Signe Deeny: Medical Staff Manager | 02/2020 |

Applicability

CA - Queen of the Valley Medical Center

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