



**Jersey City Medical Center
Executive Administration**

Administrative Policy and Procedure

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Policy: WITHHOLDING AND WITHDRAWING LIFE-SUSTAINING MEDICAL TREATMENT

Page 1 of 5	REVIEWED DATES	REVISED DATES
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WITHHOLDING AND WITHDRAWING LIFE-SUSTAINING MEDICAL TREATMENT

POLICY:

Jersey City Medical Center recognizes the right of patients to make informed decisions regarding their medical care which includes the right to refuse or request the withdrawal of life-sustaining medical treatment. JCMC believes that patient autonomy is a primary basis for withholding and withdrawing life-sustaining medical treatment and that patients with decision-making capacity must be consulted about decisions to withhold or withdraw life-sustaining medical treatment. While patients with decision-making capacity have a right to accept or refuse life-sustaining medical treatment, they do not have a right to receive treatment which falls outside the accepted standards of medical practice. All treatments that impose undue burdens upon the patient without overriding benefits or treatments which provide no clinical benefit may be withheld or withdrawn according to the following guidelines.

GUIDELINES

Advance Directive – refers to a written document in which a person states his or her choices for medical treatment (an instruction directive or “living will”) or designates a healthcare representative (medical power of attorney or proxy) who will make treatment choices if the patient loses decision-making capacity.

Closest Relative – refers to the patient's legal spouse or domestic partner and then, in order of closeness: adult child, parent, sibling, grandparent, grandchild, aunt/uncle and cousin.

Decision-making capacity – refers to patient who is at least 18 years of age (has been declared an emancipated minor) and who has the ability to understand and appreciate the nature of his or her condition and prognosis, expected benefits and expected risks of each treatment alternative, including non-treatment; the ability to weigh the alternatives and make a reasoned decision among them based upon his or her values and the ability to communicate his or her decision. A patient may have the capacity to make healthcare decisions while lacking the capacity to make other decisions such as financial ones.

Life sustaining medical treatment – refers to all healthcare interventions that have the potential to sustain life in situations which death otherwise is expected to occur, including but not limited to the following: medications: antibiotics, blood/blood products, chemotherapy; respiration: oxygen, mechanical ventilation, endotracheal intubation, surgery, artificially administered hydration (intravenous or nasogastric), artificially administered nutrition (nasogastric, gastrostomy or intravenous), diagnostic physiologic monitoring and dialysis.

Medically futile treatment – refers to any course of treatment that confers no beneficial outcome or is medically ineffective, and contrary to generally accepted medical standards. Treatment may also be considered medically futile if it is useless, may cause harm and will not correct the medical condition. Declaration of a treatment as medically futile should be initially decided by the patient's attending physician, recognizing the uniqueness of patient and diseases and weighing the physiologic basis for treatment, relevant medical literature, opinions of consultants, clinical experience, the patient's wishes and quality of life. For example, performing CPR on a patient with metastatic end stage cancer maybe a medically futile course of treatment.

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

Surrogate Decision-maker – For patients who have been declared incompetent, the surrogate decision-maker is the patient's legal guardian. For patients who lack decision-making capacity, the surrogate decision-maker is the patient's healthcare representative (medical power of attorney or proxy) or closest relative. For patients who are minor, the surrogate decision-maker is the patient's parent or other legal guardian. In situations where a minor has the capacity to make decisions with respect to cardiopulmonary resuscitation consideration should be given to the minor's wishes, consistent with his or her neurological status and level of maturity, in addition to obtaining consent from the parent or legal guardian. The American Academy of Pediatrics standards provide that in such situations, the assent of the minor patient should be sought with more deference being given to older children.

Terminal condition – refers to the end 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.

PROCEDURE

A. Circumstances When Life-Sustaining Treatment May be Withheld or Withdrawn

1. The life-sustaining medical 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.
2. The person is in a persistent vegetative state as determined by the attending physician and confirmed by a second qualified physician.
3. The person is in a terminal condition as determined by the attending physician and confirmed by second qualified physician.
4. A patient does not fulfill the neurological death criteria but where the condition is terminal for cardiac death, the patient may be removed from life support for a request for organ donation in accordance with the Organ-Tissue Donation After Cardiac Death Policy.
5. The patient 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 a unwilling patient would be inhumane.

B. Criteria For Withholding or Withdrawing Life-Sustaining Treatments

1. If the patient has decision-making capacity:
 - a. The patient must request that life-sustaining medical treatment be withheld or withdrawn;
 - b. The patient's condition must be determined to coincide with one of the categories described in (A) above and must be documented in the medical record.
2. If the patient does not have decision-making capacity but has an instruction directive (living will) which is physically present in the medical record:
 - a. The patient's condition must be determined to coincide with one of the categories described in (A) above and must be documented in the medical **record**.
 - b. The decision to withhold or withdraw life-sustaining medical treatment must be consistent with the terms of the instruction directive.

3. If the patient does not have decision-making capacity and does not have a instruction directive (living will) but has an appointed healthcare representative or other surrogate decision-maker
 - a. The healthcare representative or other surrogate decision-maker must request that life-sustaining treatment be withheld or withdrawn.
 - b. The patient's condition must be determined to coincide with one of the categories described in (A) above and must be documented in the medical record.

4. If the patient does not have decision-making capacity does not have a surrogate decision-maker or an instruction directive (living will) but the medical intervention would be futile or more burdensome than beneficial:
 - a. The patient's condition must be determined to coincide with one of the categories described in (A) above and must be documented in the medical record.
 - b. The attending physician may request an ethics consultation and refer the case to the Ethics Committee.
 - c. The Ethics Committee must unanimously agree with the attending physician's request to withdraw life-sustaining treatment or the treatment may not be withheld or withdrawn. The Ethics Committee consultation must be documented in the patient's medical record. The attending physician may not vote as a member of the Ethics Committee but shall attend and participate in the consultation meeting. Other members of the healthcare team may also attend and participate.
 - d. If the Ethics Committee fails to unanimously agree and the attending physician persists in the desire to withhold or withdraw treatment, the case shall be referred to the Hospital's Legal Department.

C. Patient/Family Support

When there is a dispute between the patient, the patient's surrogate decision-maker, family, the physician or other members of the healthcare team, a family conference shall be held. Consultation with nursing, social work, pastoral care and the patient representative may be helpful. If the family conference does not resolve the conflict, a formal request for an Ethics Committee consultation through the patient representative is highly recommended. The patient, surrogate decision-maker and family may request or be invited to attend the Ethics Committee consultation.

D. Attending Physician Responsibility/Documentation

1. Obtain informed consent. Consent may be obtained verbally or in writing. A living will, if completed is evidence of the patient's wishes and must be noted in the progress notes.
2. Write the withholding or withdrawing life support treatment order on the Physician's Order Sheet.
3. Inform the responsible house staff and nursing staff
4. Document the decision by completing the Withholding/Withdrawing Life-Sustaining treatment Progress note. The WWLST Progress note is available on nursing units and should be placed in the progress note section of the medical record.
5. If a change in the patient's status occurs, the attending physician shall review the patient's status with the surrogate decision-[maker or family and rescind the order, if appropriate.
6. Review the WWLST status weekly, review the treatment if appropriate and document any changes in the progress note.
7. The attending physician has primary responsibility for removing a patient from mechanical life-support systems. He or she may request the assistance of other physicians, respiratory therapists, nurses or others.

E. Nursing Responsibilities/Documentation

1. Implement the WWLST order in accordance with approved nursing procedures.
2. Notify the physician of any significant improvement in the patient's condition which may influence the WWLST order.
3. 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 assuring the patient's dignity and comfort and also attending to the emotional needs of the patient's family.

F. 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 and empathy. 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.