Leo Henry Ford Health System **All HFHS Includes:** Behavioral Health Services Community Care Services Corporate Services Henry Ford Hospital Henry Ford Medical Group Kingswood Hospital Macomb Hospitals West Bloomfield Hospital Wyandotte Hospital	**Policy Name/Subject:** Withdrawal or Withholding Interventions Considered Medically Inappropriate When a Patient or Surrogate Does Not Agree With This Action	**Policy No:** 770.00
	Type of Document: Policy	
	Applies to: Tier 1: System-wide **Business Unit: All HFHS** **Site: All** **Department: Patient Rights and Relations**	
	Category: Clinical **Sub-Category: Patient Rights and Relations**	**Current Approval Date: 1/26/2017** **Last Revision Date:** 8/19/16
	Owner: HFHS Ethicist	**Approver: Multidisciplinary Provider System Council**
	Related Policy/Procedure: EHR001 DNAR policy	
	Author: HFHS Ethicist	
	External Regulatory Requirement: n/a	
	Audience: Nurses, Physicians, Mid-levels, Clinical Support Staff, Residents	
	Key Words: withdrawal; withdrawal withholding; Futile Treatment; intervention	

Background
When caring for a critically ill patient, physicians may conclude that specific available interventions are not medically appropriate because they do not have a reasonable chance of providing durable benefit. These guidelines describe the process to be followed when the patient or the patient's surrogate / representative requests that a particular intervention or interventions be initiated or continued despite the medical judgment that it will not offer any improvement or benefit to the patient.

Note: Code status determination (whether to attempt resuscitation when there is a cardiopulmonary arrest) is addressed in a separate policy and is not the subject of this policy. (See DNAR policy EHR001)

Policy.

ETHICAL BASIS OF POLICY:

Physicians have a responsibility to offer medical treatments that are in keeping with the purpose of medical care and to communicate the proposed plan of care to patients or surrogates.

- It is the responsibility of physicians to determine which treatments should be recommended or offered, based on available evidence and the patient's clinical condition and prognosis.

- Patients or their surrogates have the right and responsibility to communicate the patient's values and preferences regarding the plan of care, when possible, and to accept or decline recommended or offered treatment.

- The understandable request that "everything" be done to save or extend the patient's life does not imply that there is an ethical claim to any possible existing treatment.

- Physicians should not provide medically inappropriate treatment as an option to patients or surrogates and should not honor requests for such interventions.

Despite the disagreement of the patient or surrogate, specific interventions judged medically inappropriate may be withheld or withdrawn if that decision is supported at the conclusion of the review process outlined in this policy.

This process is required in order to assure procedural fairness and to confirm that any decision to withhold or withdraw medically inappropriate treatment represents a shared medical determination of the patient's healthcare team and not the view of only a few clinicians.

Procedure

A. The judgment that a particular intervention is medically inappropriate is made by the healthcare team. In making this judgment, the Attending Physician will confer with Consulting Physician(s) and will obtain input from the caregiving team involved in the case. The judgment is entered in the chart with pertinent information about consultations and other discussions supporting this determination clearly and thoroughly documented.

B. The Attending Physician will present to the patient/surrogate the diagnosis, prognosis, and reasons why certain interventions have been determined to be medically inappropriate. He/She will inform the patient/surrogate that the treatment either will not be started, or, if already underway, will be stopped. The Attending Physician will assure the patient/surrogate that all other necessary care will be continued or provided. The Attending Physician will seek the patient/surrogate's agreement to the treatment plan. If indicated, Palliative Medicine and/or hospice care can be recommended.

   The Attending Physician should emphasize that not providing the treatment in question does not mean abandoning the patient and that appropriate medical and/or comfort care will always be provided.

C. The nature of the information provided to the patient/surrogate (section B) will be documented in the electronic medical record.

D. If the proposed plan of care is acceptable to the patient/surrogate, the physician documents the agreement in the patient's chart and enters the relevant orders.

E. If the patient/surrogate does not accept the plan of care and is opposed to withholding or withdrawing the interventions in question, the physician will do the following:

   - refrain from implementing the proposed plan to withhold or withdraw specific interventions until the review process is completed;
   - inform the surrogate of the nature of the review process (and provide a copy of the prepared handout/brochure);
   - consult the Ethics Consultation Service for an evaluation by Ethics Committee members not already involved in the patient's care.

F. The physician will document in the electronic medical record that these steps (section E) have been taken.

G. The Ethics Consultation Service (ECS) will convene and conduct its review in a timely manner.

- The ECS will review the patient's chart and meet with the Attending Physician / treatment team to clarify the basis of the judgment that specified treatments are medically inappropriate in this situation.
- The ECS may request additional consultation regarding the prognosis and the expected result of the interventions in question and may interview other physicians regarding whether it is a widely shared medical judgment that these interventions are medically inappropriate in these circumstances.
- The ECS will meet with the patient/surrogate, if feasible, in order to hear the patient/surrogate's perspectives.
- Following the information-gathering and its own deliberations, the ECS will put its conclusions and recommendations in writing and make this available to all parties.
- The ECS will also inform the patient/surrogate, the Chief Medical Officer, and the Office of Legal Affairs of its conclusions and recommendations as soon as possible after the consult note is entered.

H. If the Ethics Consultation Service does not support the clinicians' judgments that the interventions in question are inappropriate, the plan to withhold or withdraw specific treatments will not be implemented.

I. If the Ethics Consultation Service is in agreement with the clinicians' judgments that the interventions in question are inappropriate and the patient/surrogate remains unpersuaded, the patient/surrogate will be informed of the right to seek transfer of the patient to another institution. If the patient/surrogate seeks a transfer, the primary service will provide any necessary documents to the transfer institution promptly. The patient/surrogate will also be informed of the option to seek legal counsel to seek reversal of the decision to withhold or withdraw treatments in this setting. If transfer or legal counsel will be sought, the patient/surrogate will have up to three business days to pursue these options, meaning that either a court order or transfer acceptance to another institution will be provided to the healthcare team by the end of this time period.

J. If the patient/surrogate does not seek to transfer the patient or if a transfer is not feasible, and if there is no legal action preventing the implementation of the decision, the physician may order that the specified treatment be withheld or withdrawn without the agreement of the patient/surrogate.

Definition(s)

MEDICALLY INAPPROPRIATE TREATMENT:

Medically inappropriate treatment is any treatment determined by the healthcare team as being non-beneficial or harmful to the patient. It is a treatment that, with a high degree of medical probability, will not achieve either of the following for a particular patient:

- Reverse the patient's imminent dying
- Restore or maintain the patient's ability to function as a person, i.e., his/her cognitive, affective, and interactive functions

Depending upon the situation, examples of medically inappropriate treatments may include, but are not limited to:

- ventilator support
- cardioversion or defibrillation
- enteric/peripheral nutrition or hydration
- dialysis
- antibiotic therapy
- surgery
- vasoactive medications
- blood product transfusions
- chemotherapy or radiotherapy

Withdrawal or Withholding Interventions Considered Medically Inappropriate When a Patient or Surrogate Does Not Agree With This Action

The Review Process

Patient _____

Attending Physician _____

Date _____

Nature of Disagreement

The Attending Physician has determined that the following treatment is not expected to help the patient and so should not be started or continued:

_____

_____

_____

_____

_____

The patient/surrogate decision maker does not agree with this decision.

Note: This disagreement does not affect other treatments. <u>All treatments that are expected to benefit the patient will continue to be available.</u>

(Continued)

Steps in the Review

Because of the disagreement, a special review will be done before the final decision is made and the proposed change in treatment is implemented

A. Review by Ethics Consultation Service (ECS)

1. An ECS team will be asked to do a review as soon as possible.
2. The ECS team will review the reasons for the clinicians' judgment that the treatment will not benefit the patient.
3. The ECS team will ask to meet with the patient/surrogate decision maker, if feasible, to hear their perspectives.
4. After considering this information, the ECS team will write its conclusions and make these available both to the patient/surrogate decision maker and to the Attending Physician.

B. If the ECS team does not support the clinicians' judgment, the plan to withhold or stop the treatment will not be implemented.

C. If the ECS team does support the clinicians' judgment, the patient/surrogate decision maker will be asked to accept this p l a n .

1. If the patient/surrogate decision maker does not accept this plan, they may attempt to transfer the patient to another hospital or they may seek legal counsel on other actions they might take.
2. If the decision is to request a transfer or to seek legal action, they will have up to three business days to pursue these options.
3. If another hospital does not accept the patient in transfer or if there is no court order by the end of three business days, the Attending Physician may order that the treatment is withheld or stopped.

1-800-HENRYFORD (800-436-7936)

DO NOT ATTEMPT RESUSCITATION (DNAR) ORDERED WITHOUT CONSENT OF THE SURROGATE DECISION-MAKER

DATE

MRN

NAME

DNAR definition:

Do not attempt resuscitation or try to reverse the process of death in a patient with a life-threatening illness who is found pulseless and/or without spontaneous respirations.
No ACLS Protocol to be initiated = **NO CPR, NO INTUBATION, NO DEFIBRILLATION**

If any other interventions are to be limited, please document below.

- DNAR orders are never appropriate in a patient with decision-making capacity without their agreement. DNAR orders must reflect the patient's wishes when known, and be compatible with advance directives when present.
- For a patient without decision-making capacity, an attempt to reach consensus about withholding ACLS Protocol must first be made by the responsible physicians with the surrogate decision-maker. The discussion is summarized below.
- DNAR may be ordered without the consent of the surrogate decision-maker when the patient's surrogate decision-maker disagrees with the senior staff physician about the medical appropriateness of ACLS Protocol implementation and the senior staff physician wants to override the surrogate decision-maker's wishes.
- The form is to be completed ONLY by senior staff physicians and Ethics Committee consultant.
- The surrogate decision-maker has been informed of the decision to make the patient DNAR.
- **THIS FORM DOES NOT SUBSTITUTE FOR SPECIFIC DOCUMENTATION IN THE MEDICAL RECORD**.

Summary of Resuscitation Goals and Plan

Responsible Senior Staff: _____
Signature/Title Date, Time

Reviewing Senior Staff: _____
(same specialty) Signature/Title Date, Time

Ethics Consultant: _____
Signature/Title Date, Time

FORM# 4729 (rev. 0108)