PURPOSE:

This policy is for patients with do not resuscitate (DNR) orders and physician orders for life-sustaining treatment (POLST).

PERSONS AFFECTED:

This policy applies to all OHSU Healthcare workforce members.

POLICY:

1. OHSU Healthcare complies with the federal Patient Self Determination Act and ORS 127.005 (et. seq.) by:
   a. Informing patients of their right to accept or refuse medical treatment;
   b. Asking patients if they have completed an advance directive (also called a directive to physicians, “living will,” healthcare proxy or power of attorney for health care)
   c. Providing adult patients who have not completed an advance directive with a copy of the advance directive form during admission; and
   d. Making sure a copy of any advance directive, POLST form or both is faxed to Health Information Services (HIS) to be scanned into the patient’s medical record.
   e. If a patient lacks the capacity to decide about life support procedures, a surrogate or other decision maker based on the patient’s previously expressed preferences or, if such preferences are unknown, in accordance with the patient’s best interests (See Consent policy)
   f. If the patient lacks capacity to decide about withholding or withdrawing life sustaining treatment, and there is no known surrogate decision maker, an OHSU Patient Advocate, the Attending Physician, a member of the nursing staff and a member of the ethics consult service may collectively make a decision on behalf of the patient.
   g. The physician has a legal and ethical obligation to honor the preferences previously expressed by the patient or the preferences of the patient’s surrogate when the patient is in one of the following conditions:
      i. A terminal condition;
      ii. Permanent unconsciousness;
      iii. A state in which life support treatment would not benefit the patient’s medical condition and would cause permanent and severe pain;
      iv. A state of advanced, progressive, terminal illness in which the patient is permanently unable to communicate by any means, swallow food or water safely, care for him or herself or recognize familiar persons and is very unlikely to substantially improve; or
      v. Other condition(s) where advanced preferences were expressed by the patient.
   h. For all other conditions, when the patient lacks capacity the physician must consider the preferences expressed by appropriate surrogates. There is an ethical obligation to seek out the best quality information from surrogates who are best situated to know the patient’s preferences.
   i. When concerned parties disagree, HCPs should attempt to arrange an impartial and sensitive review of the options with the help of the patient advocate. If disagreement cannot be resolved at the unit level, a
clinical ethics consultation should be obtained. Unless there are orders to the contrary, life-sustaining

treatment should be continued during this period.

j. Physicians, nurses and other members of the health care team are not permitted to place their personal

values ahead of the patient’s or surrogate’s preferences (see Conscientious Objection policy).

2. OHSU health care professionals (HCPs) are responsible for eliciting, documenting and honoring patient preferences

related to DNR, Advance Directive and POLST. Patient preferences should be revisited from time to time to ensure

the most current preferences are documented in the record. The extent and limits of care for patients who do not

have the capacity to consent are determined by appropriate surrogate decision makers per OHSU policy (See OHSU

Healthcare Consent policy).

3. Patients who had decision-making capacity when they expressed their preferences for, or to limit, life-sustaining

interventions will have those wishes respected, even when refusal of care is likely to result in serious injury or death

(see OHSU Healthcare Patient Rights policy). HCPs are obligated to seek out and follow the best evidence of

patients’ preferences.

4. Patients with valid Advance Directive, DNR orders or POLST forms will have those orders followed. Alternative

orders for life-sustaining treatment may be written only if new information becomes available regarding updated

patient/surrogate wishes and an updated document is completed.

Note: This policy does not apply to persons who have been declared brain dead (See OHSU Healthcare

Determination of Brain Death Adult and Determination of Brain Death Pediatric policies).

DEFINITIONS:

1. Do not resuscitate order (DNR): Orders HCPs to not attempt cardiopulmonary resuscitation when a patient is

pulseless and not breathing.

2. HCP: Health care professionals

3. Physician orders for life-sustaining treatment (POLST): POLST is a set of medical orders documenting the

interventions the patient wants if unable to speak for him or herself. A valid POLST form includes the patient’s

name, date completed and resuscitate or do not resuscitate orders, and is signed by a physician (MD or DO),
nurse practitioner or physician’s assistant. The signer does not need to have clinical privileges at OHSU. Any

section that is not completed is assumed to indicate full treatment.

4. Advance Directive: An advance directive is a set of instructions completed by a patient describing specific health

care measures he or she would or would not want if incapable of expressing a preference. To be valid an

advance directive must be completed when the patient is able to express these wishes clearly and definitely,

without duress. An advance directive may include assigning someone to act as the patient’s legally designated

healthcare surrogate decision maker.

5. Surrogate decision maker: If the patient does not have a legally authorized health care representative, the

health care team may contact one of the individuals listed below (in the order listed, with reasonable effort) and

ask him or her to provide input into the plan of care or proposed treatment or procedure:

a. Patient’s spouse or registered domestic partner
b. Adult child who can be located
c. Parent
d. Adult sibling of the patient
e. Adult designated by others on this list, if no one on the list objects
f. Other adult relative or friend

RELEVANT REFERENCES:

- Oregon Revised Statutes (ORS) - Chapter 127: Powers of Attorney; Advance Directives for Health Care;

  Declarations for Mental Health Treatment; Death with Dignity
- Physician Orders for Life-Sustaining Treatment Paradigm
RELATED DOCUMENTS/EXTERNAL LINKS:

- Advance Directives
- AD and DNR Guidelines
- Conscientious Objection
- Determination of Brain Death Adult
- Determination of Brain Death Pediatrics
- Comfort Care Measures Only: Care for the Adult Dying Patient
- Informed Consent
- Initiation Continuation or Withdrawal of Life-sustaining Txs with Conflicts Among Health Care Professionals Patients-Surrogates
- O2 Index of Translated Patient Education Handouts
- Advance Directive & POLST Form Management

TITLE, POLICY OWNER:

Chair, Healthcare Mission Ethics Consult Services

APPROVING COMMITTEE(S):

- Adult Critical Care Committee
- OHSU Institutional Ethics Committee
- Dept of Patient Relations, Pastoral Care & Palliative Care

FINAL APPROVAL:

OHSU Healthcare Administrative Team