

SECTION - EMERGENCIES
ADMINISTRATIVE DIRECTIVE NO. 350
(Replaces A.D. No. 350 dated 4/13/06)

Effective Date: February 8, 2007

SUBJECT: WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING SERVICES

I. PURPOSE

To ensure that every Individual has the right to make advance health care decisions. In the case of terminal illness, according to California statute.

Documentation of each step in the decision-making process is required.

II. AUTHORITY

California Code of Regulations, Title 22, Section 73523; by the authority of the Director of the Department of Mental Health, Special Order No. 108.01.

III. POLICY

- A. Any adult Individual who is mentally competent, has the right to execute an advanced directive to Physicians, in the form of a living will, or durable power of attorney for healthcare pursuant to the California Natural Death Act. He has the right to choose not to be resuscitated if his condition deteriorates to the point where there is little to no reasonable expectation for his medical condition to improve and he is unable to live a dignified life independently.
- B. When such an Individual has not executed a living will or durable power of attorney for healthcare, substituted consent may be obtained from the court or conservator appointed by the court.

IV. METHOD

- A. The Individual's primary physician (medical and psychiatric) shall document in the Individual's clinical record the diagnosis, physical status, prognosis, and basis for considering withholding or withdrawing life-sustaining services. The basis for withholding or withdrawing life-sustaining measures should be based on the Individual's prior advanced directives, living will or durable power of attorney on healthcare. Procedures being considered for withholding or withdrawal shall be specified.
 - 1. The Chief Physician & Surgeon at the hospital shall document his/her opinion confirming the Individual's medical condition.
 - 2. A mental status evaluation with special reference to the Individual's capacity to make an informed decision shall be documented by the Individual's psychiatrist.

3. If the Individual has the capacity to consent to withholding of life-sustaining treatment, the Individual's psychiatrist shall document in the clinical record that the Individual understands the risks, benefits, and consequences of such a decision and gives an informed consent.
 4. If the Individual does not have the capacity to give an informed consent, consent may be provided by the Individual's valid "living will" or Directive to Physicians pursuant to the California Natural Death Act. Substitute consent may be provided by an informed surrogate decision-maker that has the Individual's Durable Power of Attorney for Health Care or is the court-appointed conservator with authority to make medical decisions.
 5. The Individual's primary psychiatrist shall document in the clinical record the source of the authorization to withhold or withdraw life-sustaining treatment, and attest to the fact that the decision-maker understands the risks, benefits, and consequences of the decision and has given an informed consent.
 6. The primary care physician shall write the order Do Not Resuscitate (DNR). The DNR order means that in the event of cardiac or respiratory arrest, no cardiopulmonary (CPR) resuscitative measures will be initiated. Resuscitative measures are defined as: electrical defibrillation, chest compressions, mechanical ventilation, endotracheal intubation, emergency medication, external pacemakers, and/or rapid fluid infusions. Resuscitative measures do not refer to ordinary or reasonable methods used to maintain the life, health, or comfort of an Individual such as the administration of pain or other appropriate medications, IV fluids and nutritional support. No limited DNR orders will be accepted.
 7. The above order will not be implemented until after review and approval by the Medical Director and after the Executive Director has approved the clinical record for non-medical procedural accuracy.
- B. The foregoing procedure is ongoing and dynamic. The Individual's medical physician shall be responsible for monitoring the Individual's care and clinical status on a regular basis and shall document any changes in physical status, prognosis or other factors that may modify the basis for considering withholding or withdrawing life-sustaining services. Any clinical changes or changes of decision by the Individual, informed surrogate decision-maker, primary physician, Chief Physician & Surgeon, Medical Director or Executive Director will be addressed as outlined above.



W. T. VOSS
Executive Director