

Main Line Health, Inc. and Main Line Health Inc. Subsidiaries

Working Together to Serve the Community

This policy applicable to:

- All Subsidiaries All Hospitals
 All Acute Care Hospitals

- BMRH
 Mirmont Treatment Center

ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

Subject: Advance Directives and Health Care Decision Making

No. II.17

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ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

Subject: Advance Directives and Health Care Decision Making No. II.17

Purpose

To comply with state and federal laws and regulatory requirements concerning Advance Directives and health care decision making and to assist patients and their families in implementation of the patient’s wishes.

Policy

It is the policy of Main Line Hospitals (MLH) to recognize the patient’s right to make decisions relating to his/her medical care through the use of a validly executed Advance Directive and to recognize decisions by substitute health care decision-makers, where appropriate, in compliance with Pennsylvania law. MLH promotes the implementation of patient wishes regarding treatment decisions through compliance with the applicable state and federal laws, the Patient Rights Standards of the Joint Commission and accepted medical care standards. MLH does not condition the provision of care or otherwise discriminate against any individual based on whether or not the individual has executed an Advance Directive. Lack of an Advance Directive shall not hamper a patient’s access to care. MLH shall provide education to its staff and the community on issues concerning Advance Directives.

Definitions

Advance Health Care Directive (Advance Directive): A Living Will, a Health Care Power of Attorney, or a written combination document of a Health Care Power of Attorney and Living Will.

Competent: A condition in which an individual, when provided appropriate medical information, communication supports and technical assistance, is documented by a health care provider to do all of the following:

- 1) understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision;
- 2) make that health care decision on his own behalf;
- 3) communicate that health care decision to any other person.

Patients may be found competent to make some health care decisions, but incompetent to make others.

End-Stage Medical Condition: An incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness that will, in the opinion of the attending physician to a reasonable degree of medical certainty, result in death, despite the introduction or continuation of life-sustaining treatment. Except as specifically set forth in an Advance Directive, the term is not intended to preclude treatment of a disease, illness or physical, mental, cognitive or intellectual condition, even if incurable and irreversible and regardless of severity, if both of the following apply: (1) The patient would benefit from the medical treatment, including palliative care; (2) Such treatment would not merely prolong the process of dying.

Health Care Agent: An individual designated by the patient in an Advance Directive.

Health Care Decision: A decision regarding an individual's health care, including, but not limited to, the following:

- 1) Selection and discharge of a health care provider.
- 2) Approval or disapproval of a diagnostic test, surgical procedure or program of medication.
- 3) Directions to initiate, continue, withhold or withdraw all forms of life-sustaining treatment, including instructions not to resuscitate.

Health Care Power of Attorney (POA): A writing made by the patient designating someone else, known as a health care agent, to make health care decisions for the patient.

Health Care Representative: An individual authorized by Pennsylvania law to make certain health care decisions for a patient.

Incompetent: A condition in which the patient, despite being provided appropriate medical information, communication supports and technical assistance, is documented by a health care provider to be:

- 1) unable to understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision;
- 2) unable to make health care decisions on his own behalf; or
- 3) unable to communicate that health care decision to any other person.

Patients may be found incompetent to make some health care decisions, but competent to make others.

Life-sustaining Treatment: Any medical procedure or intervention that, when administered to a patient who has an end-stage medical condition or is permanently unconscious, will serve only to prolong the process of dying or maintain the individual in a state of permanent unconsciousness. In the case of an individual with an Advance Directive, the term includes nutrition and hydration administered by gastric tube or intravenously or any other artificial or invasive means if the Advance Directive so specifically provides.

Living Will: A writing made in accordance with Pennsylvania law that expresses the patient's wishes and instructions for health care and health care directions when the patient is determined to be Incompetent and has an End-Stage Medical Condition or is Permanently Unconscious as those terms are defined in this policy.

Patient Surrogate Decision Maker: An individual who is authorized to render medical decisions, including informed consent, on behalf of a patient who is either Incompetent to make such decisions or who has designated the surrogate to act on his/her behalf.

Permanently Unconscious: A medical condition that has been diagnosed in accordance with currently accepted medical standards and with reasonable medical certainty as total and irreversible loss of consciousness and capacity for interaction with the environment. The term includes, without limitation, an irreversible vegetative state or irreversible coma.

Procedure

I. LIVING WILLS

A. CRITERIA FOR EXECUTING A LIVING WILL

1. Who May Execute a Living Will:

a. An individual of sound mind may make a Living Will governing the initiation, continuation, withholding or withdrawal of life-sustaining treatment if the individual:

- i. is 18 years of age or older;
- ii. has graduated from high school;
- iii. has married; or
- iv. has an order of the court declaring them to be an emancipated minor.

2. Requirements

a. A Living Will must be:

- dated and signed by the patient by signature or mark or by another individual on behalf of
- and at the direction of the patient if the patient is unable to sign, but specifically directs another individual to sign the living will; and
- witnessed by two individuals, each of whom is 18 years of age or older
 - An individual who signs a Living Will on behalf of and at the direction of the patient may not be a witness to the Living Will.
 - Health care provider or staff member may not sign a Living Will on behalf of and at the direction of a patient.

3. Duration

a. Unless a Living Will states a time of termination, it is valid until revoked by the patient, notwithstanding the lapse of time since its execution.

B. WHEN A LIVING WILL BECOMES OPERATIVE (i.e. – in effect)

1. A Living Will becomes operative (i.e. – in effect)

only if the following conditions are met:

- a. A copy is provided to the attending physician; and
- b. The patient is determined by the attending physician to be Incompetent and to have an End-Stage Medical Condition or to be Permanently Unconscious.

- (i) Duty of attending physician to certify end-stage medical condition or permanent unconsciousness. – Promptly, after a determination that the patient has an End-Stage Medical Condition or is Permanently Unconscious, the attending physician must certify, in writing, in the medical record that the patient has an End-Stage Medical Condition or is Permanently Unconscious. A second physician is not required to certify the patient's condition unless the patient's Living Will requires certification by two physicians.

2. Pregnancy Exception

a. Notwithstanding the existence of a Living Will, a health care decision by a health care representative or health care agent or any other direction to the contrary, life-sustaining treatment, nutrition and hydration shall be provided to a pregnant woman who is Incompetent and has an End-Stage Medical Condition or is Permanently Unconscious unless, to a reasonable degree of medical certainty as certified on the pregnant woman's medical record by the pregnant woman's attending physician and an obstetrician who has examined the pregnant woman, life-sustaining treatment, nutrition and hydration:

- i. will not maintain the pregnant woman in such a way as to permit the continuing development and live birth of the unborn child;
- ii. will be physically harmful to the pregnant woman; or
- iii. will cause pain to the pregnant woman that cannot be alleviated by medication.

The condition(s) must be documented by both the attending physician and the obstetrician on the patient's medical record prior to the time that a decision is made to withhold or withdraw treatment.

C. INQUIRY AND INFORMATION PROVIDED

1. Adult inpatients shall be provided with a copy of “Decide for Yourself – A Guide to Advance Health Care Directives” brochure, which explains Advance Directives, relevant state laws, and hospital policies on implementing Advance Directives. Outpatients will be provided this brochure upon request.
2. All adults, both inpatients and outpatients, shall be asked whether they have an Advance Directive (Living Will or POA). The inquiry will be included in the process of completing the Consent for Treatment and Billing Authorization Form at BLP. In the case of unconscious or otherwise incapacitated adult patients, the Patient Surrogate Decision Maker shall be asked. For inpatients, Nursing will review the patient’s advance directive status at the time of the admission assessment. The above shall be documented in the medical record. At BMRH, Case Management will review the patient’s advance directive status at the time of the admission assessment. The above shall be documented in the medical record via the Advance Directive Status form. The form shall be initiated by the Admissions Representative and completed by the Case Manager, signed and placed on the medical record within 48 hours of admission.
3. If the patient presents an executed Advance Directive to the nurse performing the admission assessment or other healthcare provider, a copy of the Advance Directive shall be placed in the patient’s medical record in the designated location at each hospital (Paoli Hospital and Bryn Mawr Hospital – use the “Misc” tab, Lankenau Hospital – use the “Administrative” tab, BMRH use the Advance Directive tab).

Nursing and Social Worker

4. If the patient has executed an Advance Directive, but is unable to present it during the nursing admission assessment, the Case Management/Social Work (CM/SW) department will be notified via a nursing consult. The CM/SW will make one additional attempt to obtain the document by the 3rd day, and, when received, a copy will be placed in the medical record. In the event the document is not produced, CM/SW will document the attempt and the resolution in the progress notes.
 - a. As an alternative, the patient, if competent, will be offered the opportunity to write a new Advance Directive.
 - b. If the advance directive is available from the medical record of the patient’s previous admission or from a transferring facility, obtain a copy and validate with the patient that the document is the patient’s current advance directive. In the case of unconscious or otherwise incapacitated adult patients, the Patient’s surrogate decision maker shall be asked.
5. Any health care provider to whom a copy of a Living Will is furnished shall make it a part of the patient’s medical record.
6. If the patient requests further information about or assistance with executing an Advance Directive, the nurse completing the admission assessment or other healthcare provider to whom the request is made shall contact the Social Work Department. Patients considering completing an Advance Directive shall be encouraged to discuss same with their attending physician.
7. If the patient is incompetent and unable to receive information or articulate whether they have an advance directive at the time of admission, and no Patient Surrogate Decision Maker is available, this will be documented on the nursing assessment form. If the patient regains competence during the hospitalization, the nurse shall provide information about Advance Directives and ask the patient whether they have an Advance Directive. A notation shall be made in the medical record and the procedure outlined above will be implemented.

D. COMPLIANCE

1. When a Living Will becomes operative, the attending physician and other health care providers shall act in accordance with its provisions.
2. If an attending physician or other health care provider cannot in good conscience comply with a Living Will,

the attending physician or health care provider must notify the patient, or the Health Care Agent or Health Care Representative if the patient is incompetent, and make every reasonable effort to assist in the transfer of the patient to another provider who will comply with the Living Will. (See Administrative Policy II.23 - Guidelines to Resolve Differences Regarding the Appropriateness of Medical – Futility Policy). Hospital staff will not be required to participate in the withholding or withdrawal of life-sustaining treatment against their wishes.

3. In cases of unresolved disagreement between family members and what has been stated by a patient in his/her operative Living Will, the patient's wishes as stated in the operative Living Will prevail. In such cases, the hospital Bioethics Committee may be convened.

4. It is the responsibility of the patient's attending physician to be aware of the patient's wishes as outlined in the Living Will throughout the patient's hospitalization.

5. If a Living Will is operative an accompanying physician order defining the code status must be present on the chart.

6. A pre-existing Out of Hospital DNR order should be discussed with the patient on admission and, if applicable, an inpatient physician order defining the code status should be documented in the medical record. Until such order is written, the patient will be a full code.

E. REVOCATION OF A LIVING WILL

1. A Living Will may be revoked at any time and in any manner by the patient regardless of the patient's mental or physical condition.

2. A revocation is effective when communicated to the attending physician or other health care provider by the patient or a witness to the revocation.

3. The attending physician or other healthcare provider shall make the revocation a part of the patient's medical record by recording the date, time, place and method of revocation in the progress notes and securing a note to the copy of the Living Will in the patient's medical record conspicuously noting that the Living Will has been "REVOKED." If the revocation is recorded by a health care provider other than the attending physician, then the health care provider shall notify the attending physician of the revocation.

4. If appropriate, the physician's orders should reflect treatment changes consistent with the patient's revocation.

F. ABSENCE OF A LIVING WILL

1. If an individual does not make a Living Will, a presumption does not arise regarding the intent of the individual to consent to or to refuse the initiation, continuation, withholding or withdrawal of life-sustaining treatment.

G. OUTPATIENTS

1. Outpatient settings have information and a mechanism to assist outpatients in formulating an Advance Directive upon request. Case Management and Social Work staff is available to assist in this matter.

2. In general, patients presenting for treatment in an outpatient setting will be treated according to standard emergency medicine and advance life support protocols when indicated.

3. Main Line Hospitals honors operative Living Wills in the following outpatient areas: Radiation/Oncology (BMH, LH), Cancer Center (PH), Medical Short Procedure Unit (LH, PH, RMH), Endoscopy (LH, BMH, RMH), Bronchoscopy (LH), Interventional Radiology (BMH, LH, PH, RMH), Non Invasive Cardiology (LH), Wound Care Center (BMH, LH, PH), Cardiac Cath Lab (BMH, LH, PH, RMH), Surgicenter (BMH), Ambulatory Surgical Unit (PH, RMH), Ambulatory Procedure Center (LH) and the Emergency Department (BMH, LH, PH). In these designated areas, when an outpatient presents a Living Will and meets the criteria for an operative Living Will (See section I.B, above), the patient's outpatient record must have appropriate

documentation by the physician who certified that the Living Will is operative and an accompanying order regarding code status, if applicable.

II. HEALTH CARE POWER OF ATTORNEY (POA)/HEALTH CARE AGENTS

A. CRITERIA FOR EXECUTING A Health Care POA

1. Who May Execute a Health Care POA:

- a. An individual of sound mind may make a Health Care POA if the individual:
 - i. is 18 years of age or older;
 - ii. has graduated from high school;
 - iii. has married; or
 - iv. has an order of the court declaring them to be an emancipated minor.

2. Requirements

- a. A Health Care POA must be:
 - i. dated and signed by the patient by signature or mark or by another individual on behalf of and at the direction of the patient if the patient is unable to sign, but specifically directs another individual to sign the POA; and
 - ii. witnessed by two individuals, each of whom is 18 years of age older
 - An individual who signs a Health Care POA on behalf of and at the direction of the patient may not be a witness to the Health Care POA.
 - A health care provider or staff member may not sign a Health Care POA on behalf of and at the direction of a patient.

3. Duration

- a. Unless the Health Care POA states a time of termination, it is valid until revoked by the patient or the patient's court appointed guardian, notwithstanding the lapse of time since its execution.

4. Appointment of a Health Care Agent

- a. Unless expressed otherwise in the patient's Health Care POA, a patient may
 - i. appoint one or multiple health care agents to act jointly
 - ii. appoint one or more successor agents to serve in the order designated in the Health Care POA
- b. Who may not be Appointed a Health Care Agent -- Individuals that may not act as the patient's Health Care Agent, include:
 - i. patient's spouse if either spouse files an action for divorce unless the patient's Health Care POA provides otherwise;
 - ii. unless related to the patient by blood, marriage or adoption, a patient's attending physician, other health care provider or a hospital employee.

5. Relation of Health Care Agent to Court-Appointed Guardian

- a. If a guardian of the person is appointed by a court, the Health Care Agent is accountable to the guardian and the patient. The guardian has the same power to revoke or amend the appointment of the Health Care Agent as the patient would have, but may not revoke or amend other instructions in an Advance Directive without court authorization.

B. WHEN A HEALTH CARE POWER OF ATTORNEY BECOMES OPERATIVE (i.e.- in effect)

1. When operative - Unless otherwise specified in the Health Care POA, a Health Care POA becomes operative when:

- a. a copy is provided to the attending physician; and
- b. the attending physician determines that the patient is incompetent.

2. When inoperative - Unless otherwise specified in the Health Care POA, a Health Care POA becomes inoperative during such time as, in the determination of the attending physician, the patient is competent.

3. Attending Physician - If the attending physician determines that a patient is Incompetent or has become Competent or makes a determination that affects the authority of a Health Care Agent, the attending physician must document that

determination in the medical record and, if possible, promptly inform the patient and any Health Care Agent of the determination.

C. COUNTERMAND -- PATIENT DISAGREEMENT WITH DECISIONS OF HEALTH CARE AGENT

1. **Competent Patient** - A patient of sound mind may countermand any health care decision made by the patient's Health Care Agent at any time and in any manner by personally informing the attending physician or health care provider.
2. **Incompetent patient** - Regardless of the patient's mental or physical capacity, a patient may countermand a health care decision made by the patient's Health Care Agent that would withhold or withdraw life-sustaining treatment at any time and in any manner by personally informing the attending physician.
3. **Attending physician** - The attending physician or health care provider shall make reasonable efforts to promptly inform the Health Care Agent of a countermand under this section.

D. AMENDMENT/REVOCAION OF A HEALTH CARE POA

1. **Amendment**
 - a. While of sound mind, a patient may amend a Health Care Power of Attorney in writing. The writing must comply with the criteria for execution listed in section II.A, above.
2. **Revocation**
 - a. While of sound mind, a patient may revoke a Health Care Power of Attorney by personally informing the attending physician, health care provider or Health Care Agent that the Health Care POA is revoked or in writing.
3. **Documentation of Amendment/Revocation**
 - a. The attending physician or healthcare provider to whom an amendment or revocation of a Health Care POA is communicated shall promptly document the amendment or revocation in the patient's medical record by recording the date, time, place and method of amendment or revocation in the progress notes and maintain a copy if one is provided. The amended or revoked document should have a note secured to it conspicuously noting "AMENDED" or "REVOKED" as the case may be. If the amendment or revocation is recorded by a health care provider other than the attending physician, then the health care provider shall notify the attending physician of the amendment or revocation.

III. HEALTH CARE REPRESENTATIVES

A. CRITERIA FOR HEALTH CARE REPRESENTATIVES

1. When a Health Care Representative Can Make Health Care Decisions

- a. A Health Care Representative may make a health care decision for an individual whose attending physician has determined that the individual is incompetent if:
 - i. the Health Care Representative is at least 18 years of age, has graduated from high school, has married or is an emancipated minor;
 - ii. the patient does not have a Health Care POA, or the patient's Health Care Agent is not reasonably available or has indicated an unwillingness to act and no alternate Health Care Agent is reasonably available; and
 - iii. a guardian of the person to make health care decisions has not been appointed for the patient.

2. Who May Act as a Health Care Representative

- a. A patient of sound mind may, by a signed writing or by personally informing the attending physician or the health care provider, designate one or more individuals to act as Health Care Representative. In the absence of a designation or if no designee is reasonably available any member of the following classes, in descending order of priority, who is reasonably available, may act as Health Care Representative:
 - i. The spouse, unless an action for divorce is pending, and the adult children of the patient who are not the children of the spouse.
 - ii. An adult child.

- iii. A parent.
- iv. An adult brother or sister.
- v. An adult grandchild.
- vi. An adult who has knowledge of the patient's preferences and values, including, but not limited to, religious and moral beliefs, to assess how the patient would make health care decisions.

b. A patient may by signed writing, including a Health Care POA, provide for a different order of priority.

c. An individual with a higher priority who is willing to act as a Health Care Representative may assume the authority to act even if another individual has previously acted on behalf of the patient.

d. If those with equal priority do not agree on a health care decision, the attending physician or health care provider may rely on the decision of a majority of the members of that class who have communicated their views to the attending physician or health care provider.

e. If those with equal priority are evenly divided concerning the health care decision, so long as the class remains evenly divided, no decision shall be made until such time as the parties resolve their disagreement. The health care provider is not prohibited by such disagreement from providing health care treatment in accordance with accepted standards of medical practice.

f. Limitation - Unless related by blood, marriage or adoption, a Health Care Representative may not be the patient's attending physician or other health care provider, nor an owner, operator or employee of a health care provider in which the patient receives care.

B. DISQUALIFICATION

1. A patient of sound mind may disqualify a Health Care Representative by a signed writing, including a Health Care POA, or by personally informing the attending physician or the health care provider. A court may disqualify for cause an individual otherwise eligible to serve as a Health Care Representative.

C. COUNTERMAND -- PATIENT DISAGREEMENT WITH DECISIONS OF HEALTH CARE REPRESENTATIVE

1. A patient of sound mind may countermand any health care decision made by the Health Care Representative at any time and in any manner by personally informing the attending physician or health care provider.

2. Regardless of the patient's mental or physical capacity, a patient may countermand a health care decision made by the Health Care Representative that would withhold or withdraw life-sustaining treatment at any time and in any manner by personally informing the attending physician.

3. The attending physician or health care provider shall make reasonable efforts to promptly inform the Health Care Representative of the countermand.

4. A countermand will not affect the authority of the Health Care Representative to make other health care decisions

IV. AUTHORITY OF A HEALTH CARE AGENT/REPRESENTATIVE

A. EXTENT OF AUTHORITY

1. Except as expressly provided otherwise in a Health Care POA and the limitations* set forth below, and subject to the authority given a court-appointed guardian, a Health Care Agent or Health Care Representative

has the authority to make any health care decisions and to exercise any right and power regarding the patient's care, custody and health care treatment that the patient could have made and exercised. The Health Care Agent or Health Care Representative's authority may extend beyond the patient's death to make anatomical gifts, dispose of remains and consent to autopsies.

a. Limitations*:

- i) Pregnancy - See section I.B.2, above
- ii) Mental health commitments – A health care agent or health care representative cannot consent to a voluntary mental health commitment
- iii) Withholding or withdrawing nutrition and hydration – See section IV.B.1.e, below
- iv) Life preserving care – See section V.C.2, below.

B. DECISION-MAKING PROCESS FOR HEALTH CARE AGENTS/REPRESENTATIVES

1. Before making a health care decision, the Health Care Agent or Health Care Representative shall collect information on the patient's prognosis and acceptable medical alternatives regarding diagnosis, treatments, and supportive care. The patient's attending physician and/or other appropriate health care providers should provide this information.

a. For procedures requiring informed consent, the information shall include that which is required under the Medical Care Availability and Reduction of Error Act (See in Administrative Policy No. II.8, Informed Consent).

b. For health care decisions regarding end of life of a patient with an End-Stage Medical Condition, the information shall distinguish between curative alternatives, palliative alternatives and alternatives which merely serve to prolong the process of dying. The information will also distinguish between the patient's End-Stage Medical Condition and any other concurrent disease, illness or physical, mental, cognitive or intellectual condition that predated the patient's End-Stage Medical Condition.

c. In the absence of any clear written or verbal instructions by the patient at a time when the patient had the capacity to understand, make and communicate health care decisions, the Health Care Agent or Health Care Representative shall make health care decisions that conform to the Health Care Agent or Health Care Representative's assessment of the patient's preferences and values, including religious and moral beliefs.

d. If the Health Care Agent or Health Care Representative does not know enough about the patient's instructions, preferences and values to decide accordingly, the Health Care Agent or Health Care Representative shall take into account what the agent does know of the patient's instructions, preferences and values, including religious and moral beliefs, and the Health Care Agent or Health Care Representative's assessment of the patient's best interests, taking into consideration the following goals and considerations:

- i). Preservation of life.
- ii). Relief from suffering
- iii). The preservation or restoration of functioning, taking into account any concurrent disease, illness or physical, mental, cognitive or intellectual condition that may have predated the patient's End-Stage Medical Condition.

e. **Withholding or Withdrawing Nutrition and Hydration.** In the absence of a specific, written authorization or direction by a patient to withhold or withdraw nutrition and hydration administered by gastric tube or intravenously or by other artificial or invasive means, a Health Care Agent or Health Care Representative shall presume that the patient would not want nutrition and hydration withheld or withdrawn.

- i. The presumption may be overcome by previously clearly expressed wishes of the patient to the contrary. In the absence of such clearly expressed wishes, the presumption may be overcome if the Health Care Agent or Health Care Representative considers the values and preferences of the patient and assess the factors set forth in sections IV.B.1.c and d, above, and determines it is clear that the patient would not wish for artificial nutrition and hydration to be initiated or continued.

C. HEALTH CARE INFORMATION

1. Unless specifically provided otherwise in a Health Care POA, a Health Care Agent or Health Care Representative has the same rights and limitations as the patient to request, examine, copy and consent or refuse to consent to the disclosure of medical or other health care information.

V. RESPONSIBILITIES OF ATTENDING PHYSICIAN AND OTHER HEALTH CARE PROVIDERS

A. DUTY TO CERTIFY END-STAGE MEDICAL CONDITION OR PERMANENT UNCONSCIOUSNESS

1. Promptly, after a determination that the patient has an End-Stage Medical Condition or is Permanently Unconscious, the attending physician must certify, in writing, in the medical record that the patient has an End-Stage Medical Condition or is Permanently Unconscious. A second physician is not required to certify the patient's condition unless the patient's Living Will requires certification by two physicians.

B. COMMUNICATION OF HEALTH CARE DECISIONS

1. Whenever possible before implementing a health care decision made by Health Care Agent or Health Care Representative, the attending physician or other health care provider must promptly communicate to the patient the decision and the identity of the person making the decision.

C. COMPLIANCE WITH DECISIONS OF HEALTH CARE AGENTS AND HEALTH CARE REPRESENTATIVES

1. Except as provided in subparagraph 2, below, and subject to any limitations specified in a Health Care POA, an attending physician or health care provider shall comply with the decisions made by a Health Care Agent or Health Care Representative (provided the Health Care Agent or Health Care Representative has the authority to make the decision – see section IV.A, above) to the same extent as if the decision had been made by the patient.

2. **LIFE-PRESERVING CARE** - If a patient has neither an End-Stage Medical Condition nor is Permanently Unconscious, then health care necessary to preserve life must be provided, except if the patient is competent and objects to such care or a Health Care Agent objects on behalf of a patient if authorized to do so in a Health Care POA or Living Will. A Health Care Representative may not direct the withholding or withdrawal of health care necessary to preserve a patient's life, unless the patient is Incompetent and has an End-Stage Medical Condition or is Permanently Unconscious.

3. If an attending physician, or other health care provider cannot in good conscience comply with a health care decision made by a Health Care Agent or Health Care Representative on behalf of the patient, the attending physician or health care provider must notify the patient, or the patient's Health Care Agent or Health Care Representative if the patient is incompetent, and make every reasonable effort to assist in the transfer of the patient to another provider who will comply with the health care decision of the Health Care Agent or Health Care Representative. (See Administrative Policy II.23 - Guidelines to Resolve Differences Regarding the Appropriateness of Medical – Futility Policy). Hospital staff will not be required to participate in the withholding or withdrawal of life-sustaining treatment against their wishes.

D. MEDICAL RECORD

1. The attending physician or health care provider who is given a Health Care POA, shall place a copy in the patient's medical record in the designated location at each Hospital (see section I.C.3, above) and comply with all documentation requirements as set forth in this policy.

VI. OUT-OF-STATE LIVING WILLS AND HEALTH CARE POAs

Out-of-State Living Wills and Health Care POAs may be accepted as long as they comply with the laws of that state and are consistent with the laws of the Commonwealth of Pennsylvania and the terms of this Policy. If the patient presents with an out-of-state advance directive, contact the Main Line Health Legal Department.

Origination Date: 11/91

Previous Revision Date: 1/02 7/02 11/05 11/06 3/08 6/08 6/09 6/10 (RMH added)

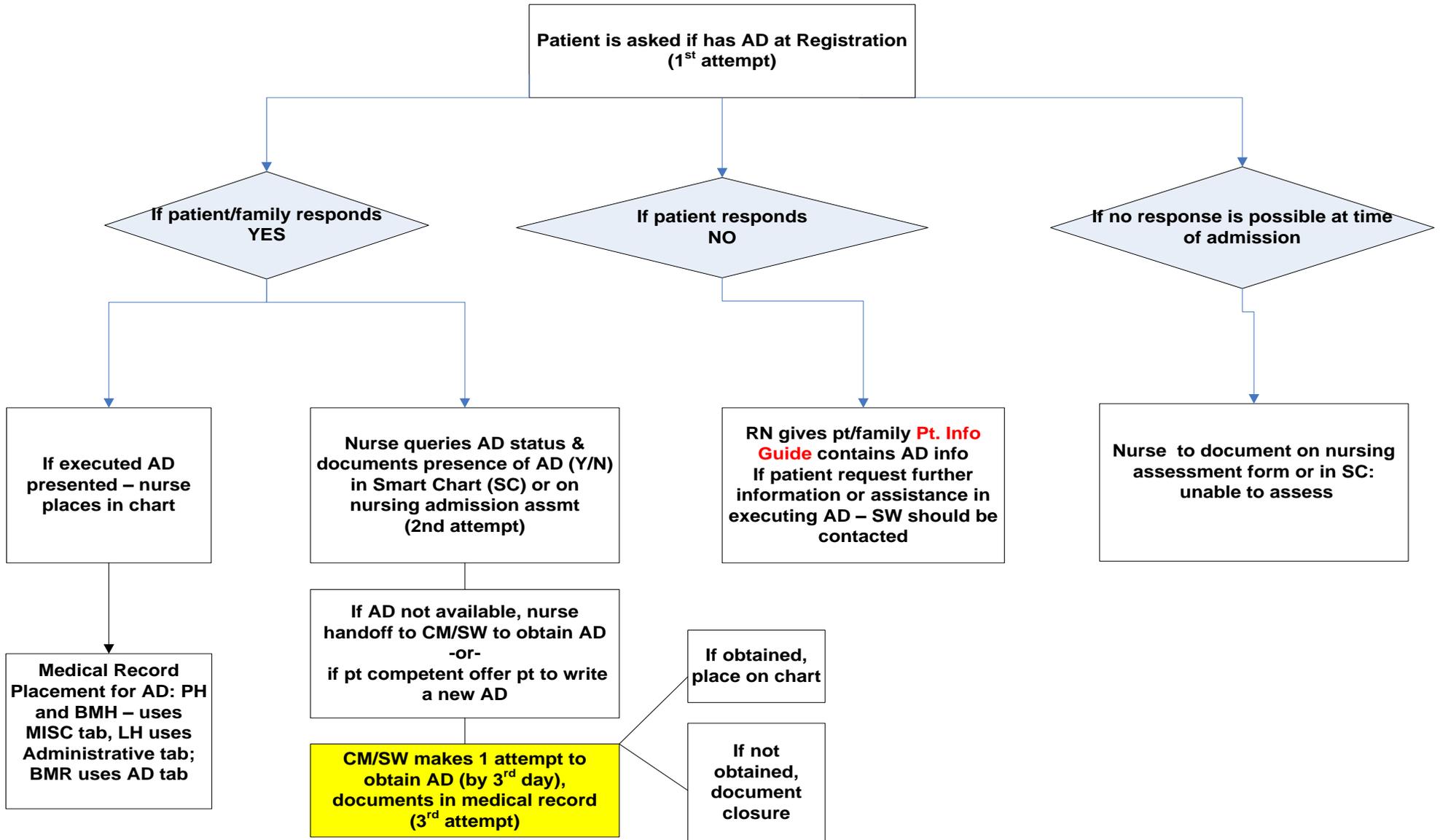
Review Date: 1/03, 11/03, 11/04 11/08 11/09 11-10

Revision Date: 11/11 BMRH added, RMH sites added 12/7/11

Key Contact: Risk Management Department

Approved: Approved/Reviewed at Medical Executive Committee 11/11

ADVANCE DIRECTIVE (AD) PROCESS (ACUTES)



ADVANCE DIRECTIVE (AD) PROCESS (BMRH)

