

## **Withholding, Withdrawing or Limiting Life Sustaining Treatment, Including CPR**

### **Introduction**

The decision to use medical technology to sustain and prolong life should be made in the context of individual patient values and a clearly delineated goal of therapy. The purpose of this policy is to provide guidelines for the withholding and withdrawing of treatment. For decision-making guidelines, refer to Informed Consent Guidelines and Advanced Directive Policies. Since there will be no written consent form to evidence decisions to withhold or withdraw treatment, it is important that the physician document in the medical record the patient's medical condition; whether or not the patient was capable of decision making; the basis for a determination of incapacity for decision-making, if appropriate; the identity of the surrogate decisionmaker, if any; and the nature of the discussion with the patient's surrogate.

#### **I. Withholding Therapy**

##### **A. Do Not Resuscitate Orders**

1. Cardiopulmonary resuscitation (CPR) refers to an attempt to restore cardiopulmonary function and for the purpose of this policy, includes endotracheal intubation and assisted ventilation, external cardiac compression, and electrical defibrillation of the heart.
2. The decision not to institute endotracheal intubation and assisted ventilation, external cardiac compression, and electrical defibrillation of the heart (CPR) is entered into the medical record as a Do Not Resuscitate (DNR) order.

The physician need only write in the patient's record Do Not Resuscitate. A Do Not Resuscitate order will mean that the patient shall not receive (CPR).

3. In the absence of a DNR order, a patient will be administered CPR.
4. Lahey Clinic attending physicians are encouraged to discuss the subject of DNR orders with patients as soon as appropriate.
5. Lahey Clinic decision-making policy for CPR is the same as for other medical decision and an appropriate request for a DNR order by an authorized surrogate decision maker should be honored.
6. A DNR order may only be made after the patient's, or surrogate decision-maker's (as appropriate), informed consent has been obtained and appropriately documented in the patient's medical record in accordance with Lahey's Informed Consent Policy.
7. The physician should inform patients or surrogates, where applicable, of the invasive nature of CPR and, when relevant, its extremely low likelihood of success in certain conditions.
8. DNR orders may be given by the physician assuming primary hospital care for the patient or the physician's designee. Residents, after discussion with the physician assuming primary hospital care or the physician's designee, may also give DNR orders. Although only the primary physician, the physician's designee, or residents can give the DNR order, the input of other health care professionals is encouraged.

The primary hospital physician or the physician's designee must document and sign a DNR order, within twenty-four hours of its institution. When a DNR order is written, the physician should indicate its existence in the progress notes section of the medical record. The physician should also document the patient's medical condition, whether or not the patient was capable of decision making, when appropriate, the basis for decision-making incapacity, the identity of any surrogate decision maker, and the nature of the discussion with the patient or the patient's surrogate.

9. The staff should assess the patient's and/or family's need for spiritual care and notify the Pastoral Care Office or Chaplain when appropriate.
10. Once a DNR order is written, a blue dot will be placed on the patient's medical record.
11. A DNR order implies nothing more than what is specifically stated. The patient will continue to receive full high quality medical care. Physicians are, however, encouraged to discuss with their

DNR patients, the patient's wishes concerning other concurrent care, such as antibiotics, dialysis, nutrition, hydration, and transfer to an ICU.

12. The advisability of a DNR order should be reassessed if the patient's medical condition changes or the patient's wishes change, and discussed with the patient or a surrogate decision-maker, if appropriate. The DNR status will be discussed with the patient or any surrogate decision maker for each hospital admission, unless it is clear that the reason the patient or surrogate decision-maker authorized the DNR remains unchanged. The DNR order shall, however, still be rewritten and documented in the chart for each admission.
13. DNR patients may have surgical procedures performed for palliation or other reasons. Prior to surgery the anesthesiologist and surgeon should discuss with the patient (or when appropriate, the surrogate decision maker), whether the DNR order should be suspended during surgery. The anesthesiologist will inform the patient that intubation and assisted ventilation may be needed to deliver anesthesia safely. The patient should also be informed that careful monitoring in the operating room may increase the likelihood of a successful resuscitation.
14. If a DNR order is to be rescinded in the operating room, the surgeon must document the change in status in the medical record. When the DNR order is suspended in the operating room, the anesthesiologist and the surgeon should explicitly discuss with the patient, and document in the medical record, the circumstances in the postoperative period under which the DNR order will be reinstated.

If the patient wishes to avoid resuscitation in the operating room, the preoperative order will state No External Cardiac Compression, No Defibrillation, and (unless the patient agrees to intubation to allow anesthesia to be delivered safely) No Intubation.

No direct health care providers will be required to participate in the care of a patient with a DNR order in the operating room, if doing so would violate that health care provider's ethical or religious beliefs or professional integrity. It is the surgeon's responsibility to assemble a team willing to care for the patient.

Administration or the Section of Medical Ethics can be contacted for assistance in conflict resolution.

15. DNR patients may have procedures performed for palliation or other reasons. When a proceduralist believes a procedure involves a significant risk that CPR will be necessary, the patient will be asked whether the DNR order can be suspended during the procedure and the immediate recovery period. The immediate recovery period will be defined by the appropriate department. The duration of the recovery period will be noted in the medical record. If applicable, the patient will be informed that careful monitoring during the procedure may increase the likelihood of a successful resuscitation. If the patient remains unwilling to suspend the DNR order during the procedure and recovery period the primary physician will be notified. The primary physician will determine whether any proceduralist is willing to perform the procedure with a DNR order in place. Except in an emergency, no healthcare professional will be required to perform a procedure on a patient with a DNR order in place if the healthcare professional believes that would violate their ethical or religious beliefs or their professional integrity. If no proceduralist is willing to perform the procedure with a DNR order in place and the patient refuses to suspend the DNR order the primary physician will discuss with the patient the reason for the procedure and the suspension of the DNR order. If the DNR order is to be suspended during the procedure and recovery period, the proceduralist or his designee will document the change in status in the medical record.

## **II. Procedures for Communicating Other Treatment Limitations**

- A. The hospital primary attending physician is encouraged, when appropriate, to clearly state in the medical record the goal of treatment. This information should be communicated to the health care team. To facilitate communication orders may be written stating:
  1. Do not transfer patient to Intensive Care Unit (ICU).
  2. Comfort measures only.
  3. If only one or two of the components of CPR are to be withheld, a specific order must be written stating either no endotracheal intubation and assisted ventilation or no external cardiac compression or no electrical cardiac defibrillation.

Labels stating **No ICU Transfer** and labels stating **Comfort Measures Only** should, when appropriate, be placed on the front of the patient's medical record, but do not replace or substitute documentation in the medical record. "No ICU Transfer" will be understood to mean that under no circumstances will the patient be transferred to any Intensive Care Unit. **Comfort Measures Only** shall be taken to mean that the only goal of treatment is the patient's comfort and no blood tests, X-rays, monitoring, or therapies should be administered that do not contribute to keeping the patient comfortable.

### III. Withdrawing Therapy

- A. The Lahey Clinic recognizes that withdrawing medical treatment, even if it were to result in death, may be acceptable in the appropriate circumstances. Treatment may be discontinued if the patient or appropriate surrogate decisionmaker makes such a request or if it is done to comply with the patient's previously stated request. Refer to Informed Consent Guidelines and Advance Directives policies. The physician will notify administration when requests for treatment withdrawal seem inappropriate.

When life-sustaining therapy is withdrawn, it should be done with sensitivity to the family and other health care providers and with comfort to the patient.

Any decision to withdraw therapy will be documented in the medical record in accordance with the Informed Consent Guidelines and Advance Directives policies.

The Administrator-on-Call or the Section of Medical Ethics can be contacted for assistance in conflict resolution.

### IV. Maintaining the DNR Status out of Lahey Clinic

Policy: To maintain the patient's DNR status in transport from Lahey Clinic, the State of Massachusetts mandates the completion of the "Comfort Care/Do Not Resuscitate Verification" form. Instructions for the completion and utilization of the form and bracelet are located on each form.

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Contact:	Chairman, Section of Medical Ethics
References:	Mass. Dept. Public Health Mass. Dept. of EMS Mass. Medical Society Mass. College of Emergency Physicians Armstrong Ambulance Joint Commission Standards: Patient Rights
Cross-References:	
Origination date:	1981
Reviewed/Revised:	1993, 1994, 1996, 1999, 2002, 2005, 2008
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