

**UCSD Healthcare**  
**UCSD Medical Center Policy & Procedures**  
**MCP 381.1D, Limitation of Life Sustaining Treatment**  
*Revised/Effective October 26, 2004*

**ABSTRACT:**

This policy and procedure is designed to provide guidelines to follow in those circumstances where the appropriateness of limitation or withdrawal of life-sustaining treatment(s) must be considered. The health care professionals of the UCSD Medical Center are dedicated to the provision of compassionate medical care which benefits patients. The primary principles that should govern decisions to issue withhold or withdraw orders are self-determination, patient welfare, and the futility of medical treatment. It is necessary to establish a policy for withholding and withdrawal of life-sustaining treatments, since patients may not desire such treatments and in certain circumstances such treatments are futile.

**RELATED POLICIES:**

UCSDMC MCP-301.8, "Patient Rights";  
UCSDMC MCP-305.1, "Advance Directives";  
UCSDMC MCP-360.1, "Organ and Tissue Donation  
UCSDMC MCP-380.1, "Do Not Attempt to Resuscitate";  
Bylaws, Rules, and Regulations of UCSD Medical Staff, Appendix III-Patient Rights;

**REGULATORY REFERENCE:**

California Association of Hospitals and Health Systems, Chapter 2 and Chapter 4,  
California Civil Code, 2410-2444: Durable Power of Attorney for Health Care  
[California Code of Regulations](#), Title 22, Licensing and Certification of Health Facilities and Referral Agencies, Section 70707  
California Health and Safety Code, Sections 7180-7183: Brain Death, Uniform Determination Act; and Sections 7185-7195: California Natural Death Act.  
Emergency Medical Treatment & Active Labor Act (EMTALA), 42 U.S.C.A 1935dd (West 1992)  
Joint Commission on Accreditation of Healthcare Organizations ([JCAHO](#))  
[Accreditation Manual](#) for Hospitals  
Probate Code Section 4753, Request to Forego Resuscitative Measures  
Public Law 101-508: Patient Self Determination Act  
Withholding or Withdrawing Life-Sustaining Treatment

## I. PURPOSE

The purpose of this policy is to provide guidelines regarding the "Withholding" or "Withdrawal" of Life-Sustaining Treatments (LST's). [See [Attachment A](#), UCSD Medical Center Guidelines for Comfort Care, for additional details.]

## II. DEFINITIONS

- A. **Advance Directive:** An instruction that specifies in advance the individual's wishes about health care should the individual become unable to make such decisions. Examples are an Individual Health Care Instruction, a Durable Power of Attorney for Health Care valid under prior law, a Declaration valid under the former Natural Death Act, or a living will. In an Advance Directive, a patient states choices for medical treatment and/or designates who should make treatment choices if the person creating the advance directive should lose decision-making capacity.
- B. **Durable Power of Attorney for Health Care (DPAHC):** A DPAHC is a type of advance directive that may be set up under the Health Care Decisions Law (CA Probate Code Sections 4600 et. seq.) by which an individual may name someone else (an "agent") to make health care decisions in the event that an individual becomes unable to make such decisions for himself or herself. A DPAHC based upon prior law is still valid if signed after July 1, 2000 only if it is executed on a pre-printed form. Under the Health Care Decisions Law, an individual may also include specific instructions regarding which health care treatment(s) should be utilized or omitted in the event of incapacity. The instructions given, if any, are to be followed by the agent. A Power of Attorney may not authorize the attorney In Fact to consent to any of the following on behalf of the principal:
1. Commitment to or placement in a mental health treatment facility;
  2. Convulsive treatment (defined in Sec. 5325 of the W&I Code);
  3. Psychosurgery (as defined in Sec. 5325 of the W&I Code);
  4. Sterilization;
  5. Abortion.

- C. **Natural Death Act Declaration (NDAD):** A document in which the patient directs the physician to withhold or withdraw life-sustaining treatment in instances of terminal illness or permanent unconsciousness. Although the law creating the Natural Death Act has been repealed, declarations that were executed before July 1, 2000 remain valid if signed in conformance with the prior law.
- D. **Life Sustaining Treatments (LST's):** Those invasive procedures that are necessary to sustain life include feeding tubes, intravenous hydration, and artificial ventilation.
- E. **Futile Treatment:** Any treatment that has no realistic chance of providing a benefit that the patient has the capacity to perceive and appreciate, such as merely preserving the physiological functions of a permanent unconscious patient, or has no realistic chance of achieving the medical goal of returning the patient to a level of health that permits survival outside the acute care setting of UCSD Medical Center.
- F. **Palliative Care or Comfort Care:** Care whose intent is to relieve suffering and provide for the patient's comfort and dignity. It may include analgesics, narcotics, tranquilizers, local nursing measures, and other treatments including psychological and spiritual counseling. It should be emphasized that although a particular treatment may be futile, palliative or comfort care is never futile. An order to "Withhold" or "Withdraw" LST's does not withhold or withdraw palliative or comfort care. [Refer to [Attachment A](#), UCSD Medical Center Guidelines for Comfort Care.]
- G. **Responsible Physician:** The attending physician who has primary responsibility for the patient's care, or the senior physician trainee caring for the patient under the instruction of the attending physician.
- H. **Attending Physician:** The Attending Physician with primary responsibility for the patient.
- I. **Decisionally Capacitated:** A patient is decisionally capacitated to make a health care decision if he or she can understand the condition and the risks and benefits of the recommended treatment and available alternatives (including no treatment), and express a choice. Adults and emancipated minors are presumed to be decisionally capacitated.

- J. **Decisionally Incapacitated:** a patient is decisionally incapacitated to make a health care decision if he or she is unable to understand their medical condition, the risk and benefits of recommended treatment and available alternatives.
- K. **Surrogate decision-maker:** An individual making health care decisions in substituted judgment on behalf of a decisionally incapacitated patient or an unemancipated minor (usually a parent on behalf of a child). The surrogate must be guided by the patient's desires or, if the patient's desires are unknown, the patient's best interest.
- L. **Minor Patients:** Minors are usually considered legally incompetent to make decisions by virtue of their age. However, many minors will be able to understand the nature and consequences of a decision to forego life-sustaining measures and treatment should not be withdrawn or withheld from a minor unless the minor and the parent(s) or guardian agree. If a conflict exists, the Attending Physician should consult the Ethics Consultation Team and Legal Counsel, as necessary.

### III. POLICY

It is the policy of UCSD Medical Center to respect the rights of patients (or their surrogate decision-makers) to, with the assistance of their physicians, make informed decisions to refuse life sustaining medical treatment.

### IV. PROCEDURES AND RESPONSIBILITIES

- A. A discussion concerning the withdrawal or withholding of life-sustaining medical treatment may be initiated by the patient, the patient's surrogate-decision maker, or the Responsible Physician. The Responsible Physician(s) should make every effort to ensure there is adequate communication concerning this decision between the patient or surrogate decision-maker, family members and members of the health care team. The Attending Physician should participate in these discussions, if possible.
- B. **Special Circumstances -- Futile Treatment**
  - 1. A physician has no ethical duty to continue treatment once it has been judged to be futile and ineffective nor to initiate or recommend futile treatment. In such a case, the Attending Physician may write an order within the Attending Orders for

Resuscitation Status form when the medical judgement has been made that the patient has reached a state where LST is futile (refer to definition of futile treatment in Section II.E., above).

2. Before writing the order within the Attending Orders for Resuscitation Status form, the Responsible Physician will discuss the status of the order with the patient, or, if the patient is decisionally incapacitated, with the patient's surrogate decision-maker. If the patient or surrogate decision-maker does not concur with the Attending Physician's recommendation, the Dispute Resolution process (see Section E below) will be instituted.
3. Any change in the patient's medical condition, such that the patient's prognosis and the likelihood of response to treatment is improved, should be discussed with the patient or the patient's surrogate as appropriate, and the Attending Physician should consider whether the treatment plan should be revised.

**C. Dispute Resolution**

1. Dispute resolution is critical in those cases where the patient, family, or legal surrogate and Attending Physician disagree about the futility of continued treatment.
2. An order that "Withholds" or "Withdraws" will not be written within the Attending Orders for Resuscitation Status form and care will not be withheld or withdrawn during the dispute resolution process.
3. Resolution of disagreements may be accomplished through exploration of any of the following mechanisms:
  - a. referral to Medical Ethics Committee through the services of the Consultation Team at 294-6292 (days) or 543-6737 (evenings or nights);
  - b. transfer of the patient to another Attending Physician;
  - c. transfer of the patient to another institution.

- D. Once the decision has been made to withhold or withdraw life-sustaining treatments, an order shall be written within the Attending Orders for Resuscitation Status form by the Attending Physician *If the Attending Physician is not available, a Responsible Physician*

*may write the order within the Attending Orders for Resuscitation Status form after discussing the plan with the attending and having it cosigned by an Attending Physician within 24 hours.*

1. It is the responsibility of the Attending Physician to insure that this order and its meaning are discussed with all the physicians and nurses caring for the patient.
2. The Attending Physician is responsible for the judgements relevant to the forms of treatment that are to be withheld or withdrawn.
3. The Attending Physician shall write or countersign the note of a resident or fellow discussing the withhold or withdrawal of care decision.
4. An order within the Attending Order for Resuscitation Status form must be timed and dated and written by the Attending Physician. If written by Responsible Physician, must be co-signed within 24 hours. In addition, this order must be accompanied by a Progress Note in the medical record which contains the following:
  - a. the diagnosis and prognosis that supports any physician determination of futility described under Section II.D.;
  - b. the decisions and recommendations of the treatment team and consultants;
  - c. an assessment of the patient's competency; and the competent patient's wishes. In cases involving incompetent patients, the expression of those wishes by the patient's surrogate should be recorded, including the nature of the relationship.
5. It is the responsibility of the Attending Physician who is transferring care of the patient to another Attending Physician to ensure that the accepting Attending Physician is provided with information concerning the withdrawal or withholding of LSTs.
6. The "Withhold" or "Withdraw" order should be under regular periodic review by the Attending Physician to insure the order remains current and consistent with the patient's

desires, medical condition and prognosis.

7. Attending Physicians assuming the care of patients with "Withhold" or "Withdraw" orders will continue those orders or will document why they should change.
8. Attending Physicians and health care professionals who feel that they cannot carry out a "Withhold" or "Withdraw" order may request a change of assignment providing this does not result in abandonment of the patient.

## V. ATTACHMENTS

**Attachment A:** [UCSD Medical Center Guidelines for Comfort Care](#)

## VI. APPROVALS

This policy and procedure was approved by the following committee(s):

Committee Name:

Date

Approved:

Medical Ethics Committee

July 28, 2004

Medical Staff Executive Committee

October 26,  
2004

**AND**

Richard J. Liekweg  
Chief Executive Officer,  
UCSD Medical Center