

PURPOSE

To establish procedures for complying with the Patient Self Determination Act regarding living wills, do not resuscitate (DNR) orders and/or durable power of attorney.

POLICY

Adult patients 18 years or older should communicate their wishes regarding advance directives to their significant others. This guides significant others and healthcare providers in following patients' wishes should they become incapacitated or unable to make decisions.

State law recognizes the Georgia Advance Directive for Healthcare, which combines the best features of a Living Will and Power of Attorney for Healthcare into one written document.

- Living Will – A legal document informing the physician and health care provider of the life-sustaining treatments or procedures the patient wants when in a terminal condition or a persistently unconscious state.
- Appointment of Health Care Proxy (AHCP) – A legal document allowing the patient to appoint another person to make medical decisions should they become temporarily or permanently unable to make those decisions.
- Do Not Resuscitate (DNR) – A legal document stating the patient's desire not to have cardiopulmonary resuscitation in the event of cardiac or respiratory arrest.

These documents will be collectively referred to as *advance directive* from here forward.

- The patient is responsible for informing their provider about any advance directive, including a living will and/or medical power of attorney, that may affect their care.
- During the scheduling process, patients or their appointed healthcare proxy will be asked whether they have any advance directives. If so, patients are required to provide the document(s) which will be placed prominently in the patient's chart.
- Wellbrook Endoscopy Center, LLC is not an acute care facility, therefore, regardless of instructions from a healthcare surrogate or the contents of any advanced directives, should an adverse event occur during your treatment, we will initiate resuscitative or any other stabilizing measure and transfer you to an acute care setting for further evaluation. Any information contained in your current advanced directive or your healthcare power of attorney will be shared with the facility to which you are transferred.
- For information on advance directives, reference: caringinfo.org/stateadownload
- Patients may request copies of the advance directive they provided by contacting the physician's office.

AMBULATORY SERVICES

For the purposes of this section, *terminal condition* and *persistently unconscious* are defined below:

- *Terminal condition* means an incurable and irreversible condition that, even with the administration of life-sustaining treatment, will, in the opinion of the attending physician and another physician, result in death within six (6) months. A patient would not be considered to have a *terminal condition* if, for example, he or she could be sustained for longer than six (6) months by use of a ventilator, artificially administered tube feedings, or similar artificial or mechanical means.
- *Persistently unconscious* means an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent. The patient may be diagnosed as being *persistently unconscious* even though they could be kept alive for months or years using artificial life support.

This facility does not provide care to the *persistently unconscious*. The patient's condition must be certified in writing by the attending physician and by a second physician, both of whom have recently and personally examined the patient. Any patient who does not have a *terminal condition* or who has a living will dependent on the clause *persistently unconscious* will be resuscitated following appropriate guidelines and transferred to a local facility. That facility will be responsible for determining *persistent unconsciousness* and complying with the patient's advance directive.

- If a patient with a *terminal condition* sustains a life-threatening event, resuscitation efforts and transfer to a local hospital will be initiated.
- If the patient is not *persistently unconscious* and does not have a *terminal condition*, but the patient or representative wishes to suspend life-sustaining treatment, they should consult legal counsel.