

STATE OF IOWA DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURES		Policy Number	Applicability
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Chapter 6 HEALTH SERVICES	Sub Chapter ACUTE/SPECIALTY SERVICES	Related DOC Policies N/A	Administrative Code Reference N/A
Subject ADVANCED DIRECTIVES FOR END OF LIFE CARE		ACA Standards N/A	Responsibility Dr. Jerome Greenfield
		Effective Date April 2017	Authority Jerry Bartruff Director Signature on file at Iowa DOC

I. PURPOSE

The purpose of this policy is to document an offender's wishes in the event of a terminal illness.

II. POLICY

It is the policy of the Iowa Department of Corrections to provide care consistent with an offender's directives during a terminal illness, in accordance with **Iowa Code 144A.1**, "Life-sustaining Procedures Act," and Iowa Administrative Rules 144A.7A, "Out of Hospital Do Not Resuscitate."

III. DEFINITIONS

- A. Terminal illness - an incurable or irreversible condition that, without the administration of life-sustaining procedures, will, in the opinion of the attending licensed medical practitioner, result in death within a relatively short period of

time, or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery.

- B. Critical care - the term "critical care" is used in this policy to apply to all of the extraordinary efforts to extend the life of a terminally ill offender. Examples of critical care include resuscitative and monitoring measures for hypotension, ventilatory or cardiac failure, acute pulmonary edema, arrhythmias, metabolic intoxication, and other crises heralded by failing organ systems. Examples of such resuscitative and monitoring measures are cardiopulmonary resuscitation, tracheointubation, life support with mechanical ventilation and other assisting devices, and invasive monitoring. This list is not intended to be complete. The term "critical care" does not include the ordinary supportive care and comfort measures which are to be provided to offenders who elect to forego extraordinary care, and who are likely to die in a prison setting.
- C. Competent adult - Competency is a legal term referring to a decision made by a judge. An adult in Iowa is a person who has reached age 18 or who has been married. An adult is competent if a court has not declared them incompetent, and if they are generally capable of understanding the consequences of alternatives; weighing the alternatives by the degree they promote their goals or desires; and, choosing and acting accordingly. There is a strong legal presumption of continued competence. The determination of competence is not necessarily the function of psychiatrists. It is usually a practical assessment, which should be made by the physician who obtains the consent or accepts the refusal for critical care. It is suggested that the basis for the determination of competence or incompetence be documented by a physician-authored progress note entered in the offender's health record. Consultation is advisable when it is difficult to assess competence.
- D. Advance directive - a written instruction, such as a living will or durable power of attorney for healthcare recognized under state law and related to the provision of healthcare when the patient is incapacitated.
- E. Medical Durable Power of Attorney for Healthcare - a legal document authorizing an attorney-in-fact to make healthcare decisions for a person if the person is unable, in the judgment of the attending licensed medical practitioner, to make healthcare decisions.
- F. Decision Making Capacity - refers to a physicians' determination, based on clinical examination, that a patient is able to make medical decisions for themselves. That they understand their condition, can appreciate the

consequences of treatment options including non-treatment, the ability to reason and communicate their decision in a meaningful manner.

- G. IPOST - Iowa Physician orders for scope of treatment form. A document containing medical orders which may be relied upon across medical settings that consolidates and summarizes a patients preference for life-sustaining treatments and interventions and acts as a complement to and does not supersede any valid Advanced Directive.
- H. See IDOC Policy **AD-GA-16** for additional Definitions.

IV. PROCEDURE

- A. It is the goal of the Health Services staff of the Iowa Department of Corrections to facilitate proper decision making by communicating the consequences of declining treatment; to urge appropriate care; and, as appropriate, to honor the wishes of the offender.
- B. The offender should be encouraged to establish a *Living Will* (see **HSP-620 Attachment A**). Offenders who wish to consider signing a Living Will should be given literature on *Living Will Patient Information*, IDOC form **HSF-620A**. The Living Will specifies what the offender wants done in the event they are no longer capable of expressing their wishes. An offender may also request a Do Not Resuscitate (DNR) order be written, which would outline the offender's specific refusal of certain extraordinary measures that may prolong life.
- C. An offender who may already have a Medical Durable Power of Attorney for medical care established is encouraged to provide a copy to IDOC Health Services staff. If there is no Medical Durable Power of Attorney for medical care in place, the social worker or a member of the health care team shall provide information on a *Durable Power of Attorney for Health Care* (see **HSP-620 Attachment B**).
 - 1. Decision Making:
 - a. It is especially important that an offender have sufficient information so as to avoid misunderstanding the alternate choices relative to available healthcare. The offender should be encouraged to carefully consider any decision to decline critical care.
 - b. An offender's directives concerning refusal of treatment may be honored unless the offender's competency is in question. Several

exceptions to this general rule are recognized, including, but not limited to:

- (1.) Serious mental illness or substance abuse - detailed procedures are specified in the law for imposing involuntary care in these cases. Mental health services staff should be consulted concerning these procedures.
 - (2.) Threats to the public health - procedures are specified in the law for addressing these cases.
 - (3.) There is a third exception when the adult has dependents that could be harmed if care is not given. This third exception generally would not apply if the adult is terminally ill.
- c. It is important that the licensed medical practitioner independently assess the appropriateness of carrying out the offender's wishes. If the offender and licensed medical practitioner concur, the agreed upon management should usually be pursued. It should be charted in the offender's record when the offender and licensed medical practitioner concur on a particular direction for care. Offender disagreement is an indication for careful re-examination and review by the offender and the licensed medical practitioner of their prior understanding of the situation; the offender's competence; and, whether one of the exceptions to the offender's decision making might apply. If this re-examination does not resolve the issue, arrangements should be made to obtain additional consultation from the IDOC Medical Director.
- d. A Do Not Resuscitate (DNR) order shall not apply when an offender is in need of emergency medical services due to a sudden accident or injury, which is outside the scope of the offender's identified terminal condition.
- e. Incompetent adult offenders who gave clear indications concerning their care before they became incompetent should (usually) be treated in accordance with their instructions to the same extent as if they were still competent. Thus, living wills or credible reports of oral instructions should be given significant weight in the decision-making process. Since the instructions cannot be discussed with the offender, the intent should be followed when different from the actual wording, if the

circumstances are substantially different from those the offender anticipated when giving the instructions. If the offender gave the instructions before the condition was known, and it is reasonably likely the offender will again be competent and able to communicate, the offender should be given an opportunity to recover communicative skills and express their present wishes rather than relying on the instructions.

- f. In the absence of a Living Will/Durable Power of Attorney, and the offender becomes incompetent, management of the terminal illness will be provided on an individual basis as deemed appropriate by the licensed medical practitioner, often in conjunction with an appropriate next of kin (family member).

2. Documentation:

- a. Thorough health record documentation by the attending licensed medical practitioner is required whenever a decision is made to withhold or withdraw critical care. The progress note shall indicate the scope of therapy covered, including interventions not to be initiated, (i.e. "Do Not Resuscitate"). A "DO NOT RESUSCITATE" requires a written order by the attending licensed medical practitioner. The documentation note is to include the decision-making process including:
 - (1.) The offender's concurrence in the decision or the reasons the offender is unable to participate in the decision;
 - (2.) Who was involved in the decision and whether they concurred or disagreed; and,
 - (3.) Consultants (when used) and their advice.
- b. A copy of all licensed medical practitioner documentation pertaining to critical care is to be forwarded to the IDOC Medical Director. At the Death Review, the management of the patient will be reviewed and recommendations made.
- c. The original Living Will is to be filed in Section I, on top, in the hard copy Offender Health Record. A copy is provided to the

offender. The problem list in the offender's Emergency Medical Record (EMR) must reflect a Living Will, ICD-9 Code V68.89.

3. IPOST

- a. Each institution may offer a patient the opportunity to participate in a program called IPOST. This is a paradigm approach to end-of-life planning based on conversations between patients, loved ones and health care professionals designed to ensure that seriously ill or frail patients can choose the type of treatments they want or do not want to participate in and that their wishes are documented. This option would be intended for frail, elderly or others whose death in the next twelve months would not be surprising.
- b. Those staff who are designated to be the facilitators for the Advance Care Planning must complete a certification process and training course offered by the "Honoring Your Wishes Planning Initiative". The trained facilitator completes the form with the patient in consultation with the medical practitioner.
- c. The form used would be the salmon colored form that is provided. This completed form needs to be signed by the attending practitioner. Each facility will develop procedures as to where the form is kept and how it is to be transported whenever the offender leaves the grounds to a medical facility or discharges from IDOC.
- d. The completed IPOST packet will be scanned into the electronic medical record and stored in the file cabinet under the IPOST folder.
- e. An IPOST form may be revoked at any time.
- f. A medical practitioner must document in the electronic medical record detailing the results of the IPOST and the offender's wishes.
- g. When an offender is transferred between DOC institutions, the salmon colored, completed IPOST form is sent on to the next facility.