

S-401 LIFE SUSTAINING TREATMENT



Version 1 effective February 17, 2010

(previously DG-14)

Policy

1. There exists a fundamental understanding that all life sustaining treatments will be provided to all persons served by Valoris. Persons served by Valoris have the same rights as persons without disability to be offered life sustaining treatment. It is thus Valoris' role to protect the life and health of the people it serves. In order to accomplish this, employees of Valoris must:

- Take all preventive measure in order to insure the good health of our clients;
- Insure that life sustaining treatments are provided;
- Treat aggressively health problems that occur.

2. Informed Choice

Life sustaining treatment decisions must be shown to be based on the criteria of informed choice and benefit to the person of the proposed treatment.

3. Autonomy

The autonomy of the person served by Valoris to be the decision maker in his/her life must be respected. Each person should receive information, guidance and support to facilitate the understanding of available options. If the person is considered legally incompetent, the same approach must apply with the Guardian (or Health Care Agent). Only one of these individuals can consent or not to a DNR in the name of the individual considered to be legally incompetent in order of priority:

- Health Care Agent of the individual;
- The representative of the individual named by The Consent and Capacity Board under the Health Care Consent Act (1996), if that person has the authority to give or refuse consent to a DNR order;
- The spouse or partner;
- The child, mother or father of the individual or any other person who has a legitimate right to provide or refuse consent to a DNR order in the place of the mother or father;
- The father or mother of the individual who only have access visits;
- Brother or sister of the individual.

4. Support of Loved Ones

Family members should be included in the decision-making process unless a person specifically rejects their involvement. Also good friends and advocates should be involved.

5. Third Parties

Basic care and ordinary health care such as doctor or emergency room visits, hydration, nutrition, prescription of antibiotics, suture and more, are rights and as such, they must not require the consent of third parties and must be automatically provided. Third parties (decision-makers) must be consulted in situations of extraordinary care.

6. Valoris

Valoris must be involved to assure that the right to life sustaining treatment is protected and advocated for, particularly during difficult times such as hospitalizations, emergency room visits. The role of Valoris is to supplement the family and not replace it. Valoris will proactively inform the handicapped individual and their families of this policy.

7. Conditions for a DNR Order

DNR orders are appropriate only under one or more of the following specific circumstances and agreement by the person, guardian, agent (if applicable) and the Executive Director of Valoris or his representative:

- Terminal illness (no cures). Death is expected within 6 months.
- CPR will cause more harm than good (for example severe osteoporosis)

Procedure

1. All handicapped adults who are in the Valoris residential services and their family and/or guardian must be informed by the Valoris worker assigned to the client's file of this life sustaining treatment policy and its outcomes.
2. The person authorized to take decisions with regard to health matters concerning an individual who is identified as incompetent, must be identified in the client's file and this information must be accessible to all workers in Valoris' emergency services. The worker assigned to the client's file must update this information annually.
3. In circumstances where handicapped individuals are incapable to consent to medical treatments, it is the role of Valoris employees to proactively discuss with the client's family (as soon as the client starts receiving services and before he becomes ill) the agency's position regarding life sustaining treatments for handicapped individuals. Notwithstanding that an individual may be nominated guardian for the personal care of the individual, Valoris has a duty to protect handicapped individuals' interests and attempt to influence the decision to sustain the individual's life.
4. In a situation where an adult must be hospitalized, Valoris personnel members will ask that the individual be brought to the Hawkesbury General Hospital when the individual is in Prescott-Russell. The adult must be accompanied. In a situation when there is only one employee with a group of adults when the incident occurs, someone will have to go to the hospital as quickly as possible to join the individual and to provide instructions to the hospital personnel.
5. Valoris employees must inform paramedics and hospital personnel that the individual is considered "full code" (always resuscitate).

6. The agency will contact the guardian for the personal care of the individual to inform him of the situation.
7. We must also contact a member of the sociomedical team during regular office hours (from Monday to Friday from 8:30 a.m. to 4:00 p.m.). An updated list of members of the sociomedical team is on the Intranet. During regular office hours, in an emergency situation, contact is made through intake services. When the situation occurs in the evening or on week-ends, personnel must contact the emergency service supervisor.
8. The emergency service supervisor will contact one of the medical consultants for Valoris to inform him or her of the condition of the individual and to obtain advice for the care and treatments required by the individual according to this policy, that is to say that the medical consultants for Valoris must provide their recommendations for the purpose of prolonging the life of the individual by providing aggressive treatments.
9. Valoris personnel must make this policy known to the medical personnel and remind the guardian for the personal care of the individual and/or his or her family members, about the life sustaining treatment policy.
10. If the guardian for the personal care of the individual and/or his or her family member entitled to make decisions for the individual, wish to discontinue health care, it is the Valoris employee's duty to discuss the right to life sustaining treatments once again with them to influence them to make this decision for the individual. Valoris's Executive Director could accept to discontinue health care only in the event that it is clear that the individual is dying (death is expected in the next 6 months) and that the prolongation of life would be by medical means. The guardian for the personal care of the individual or other persons identified above who have the power to consent, are those who can make the final decision.
11. This policy must be distributed to all the personnel (clinical). Also, employees working in the residential services for adults (community integration counsellors, attendants, residential managers as well as social workers in the after hours emergency service) must attend a training session on the principles of life sustaining for individuals who do not have a valorized social role and on the application of this policy.

Definitions

Life Sustaining Treatment is any treatment having some reasonable expectation of effecting a permanent or temporary cure or remission of the illness or condition being treated.

Categories of medical interventions to which this policy applies:

Antibiotics and other life supporting medications

Medication provided to overcome infections that would be otherwise serious and potentially life threatening.

Short term and long term life supporting technology

Technology used to sustain essential bodily functions. Examples include ventilators, dialysis, pacemakers, implanted defibrillators and transplantation. Investigational interventions are also included such as blood work, scans, x-rays, bone density, bronchoscopy, colonoscopy, etc.

Medical Procedures for supplying Nutrition and Hydration

A feeding tube placed through the nose and/or the abdomen and nutrition supplied intravenously.

Palliative care and relief of pain

Medical, surgical and other procedures that are used to relieve suffering, discomfort and dysfunction.

Cardiopulmonary Resuscitation (CPR) includes cardiac compression and artificial ventilation, oropharyngeal airway insertion, advanced airway management such as intubation, cardiac resuscitation drugs, defibrillation and related procedures.

Do Not Resuscitate Orders (DNR) is a medical order written by a physician with the informed consent of a competent individual or if an individual is not competent, their duly authorized agent, or their guardian. The order is placed in an individual's medical record and indicates intent to withhold cardiopulmonary resuscitation (CPR) if the individual (person) experiences a respiratory or cardiac arrest.

Annex(es)

- List of members of the sociomedical team

References

- Health Care Consent Act, 1996
- Substitute Decisions Act, 1992
- Canadian Charter of Rights and Freedoms
- The Canadian Medical Association
- Endicott, O. (2003). "Legalizing Physician Assisted Death: Can Safeguards Protect the Interests of Vulnerable Persons?" Prepared For The Council Of Canadians With Disabilities Under The Sponsorship Of The Canadian Bar Association "Law For The Future Fund." <http://www.ccdonline.ca/en/humanrights/endoflife/legalizing-physician-assisted-death> (retrieved November 9, 2009)
- A-203 Situations to Report to the Executive Director
- S-452 Health and Safety of Adults in Residential Settings
- A-202 Directors' availability in Valoris' Emergency Services