

END OF LIFE – PATIENT CARE

Shore Memorial Hospital Shore Rehab Shore LifeCare Shore Health Care at Home MMC Lingle/Goldstein Surgical Assoc.

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Next Review:

President/CEO

V.P., Chief Nursing Officer

POLICY:

The staff of Shore Health Services, Inc. (SHS) shall honor the lives of dying patients by offering them respectful and responsive care while in our care, especially mindful of their needs at the end of life. It is understood that appropriate medical care, skillful nursing care, patient and family counseling, and spiritual support can ease the suffering of the dying patient. Palliative care will be provided to patients whose disease is not responsive to curative treatment. Shore Health Services employees recognize and accept responsibility for providing age appropriate care to all patient populations. Developmental landmarks and tasks as well as spiritual needs for dying patients are recognized and supported.

PURPOSE:

To give direction to staff members throughout the organization on how to provide for the unique needs of dying patients. The intent of this policy is to identify areas of concern which are particularly relevant to the dying patient and to his or her family and to articulate the means by which Shore Health Services staff can intervene in an appropriate way to meet these needs. This policy is also intended to acknowledge the right of the patient to be a free and equal participant in decisions to be made at or near the end of life. This policy specifically addresses current requirements of the Joint Commission.

GOAL:

Concern for the patient's comfort and dignity will guide all aspects of care during the final stages of life. Components of this care include, but are not limited to:

- Sensitizing Shore Health Services employees to the unique needs of patients at the end of life;
- Providing appropriate treatment for any primary and secondary symptoms, according to the wishes of the patient or the surrogate decision maker;

- Managing pain aggressively and effectively, though it is understood that pain management is appropriate for all patients, not just dying patients and policies related to pain management may be found elsewhere in this manual;
- Respecting the patient’s values, religion, and philosophy;
- Involving the patient and, where appropriate, the family in every aspect of care; and
- Responding to the psychological, social, emotional, spiritual, and cultural concerns of the patient and the family. This includes the identification of potentially useful community resources and the incorporation of these resources into the plan of care.
- Agencies such as LifeNet will be utilized as appropriate.

GUIDELINES:

- Education directed at sensitizing Shore Health Services employees to the unique needs of patients at the end of life will be integrated into educational sessions beginning with general orientation and will be offered periodically thereafter. This education will include placing emphasis on the underlying ethical values of the organization with respect to protecting the patient’s right to self determination and of the need to ensure the ethical integrity of all health care professionals working at Shore Health Services;
- Inclusion of “The SHS’ Dying Person’s Bill of Rights” (Appendix “A”) in staff education;
- Providing appropriate treatment for primary and secondary symptoms according to the wishes of the patient or the surrogate decision maker will be accomplished by encouraging the development of trust and the facilitation of communication between the patient and his or her physician and care delivery team;
- When appropriate, the patient’s family will be included in every aspect of care. Patient care conferences may be held by the multidisciplinary care team when needed;
- Dying patients who possess decision-making capacity are the decision makers for the course of their medical treatment, including the degree of pain relief desired in the final stage of life. For patients who lack decision-making capacity, an appropriate surrogate shall be the decision maker;
- It is incumbent on health care professionals to make every effort to relieve the pain and suffering of the dying patient even if this requires either intermittent or continued administration of progressively larger doses of narcotics. The goal of treatment is to relieve pain and suffering;
- Dying patients should be assured the maximal possible comfort even in the face of impending death as heralded by falling blood pressure, declining rate of respiration, or altered level of consciousness;
- Respect for the patient’s values, religion and philosophy will be evidenced by appropriate documentation by caregivers in the medical record that these concerns have been identified and addressed. When appropriate, the chaplain will be asked to assist in meeting these patient needs; and

- The psychological, social, emotional, spiritual, and cultural concerns of the patient and his or her family will be assessed upon admission and reassessed as appropriate thereafter.

DEFINITIONS:

Palliative Care – Palliative care is the care of patients whose disease is not responsive to curative treatment. Control of pain, or other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is the achievement of the best possible quality of life for patients and their families.

SHORE MEMORIAL HOSPITAL – PATIENT CARE SERVICES

The Dying Person’s Bill of Rights

I have the right to be treated as a living human being until I die.

I have the right to maintain a positive attitude and to be cared for by those who can maintain a positive attitude.

I have the right to express my feelings and emotions about my approaching death in my own way.

I have the right to participate in decisions concerning my care.

I have the right to expect continuing medical and nursing attention even though “cure” goals must be changed to “comfort” goals.

I have the right not to die alone.

I have the right to be free from pain.

I have the right to have my questions answered honestly.

I have the right to have help from and for my family in accepting my death.

I have the right to die in peace with dignity.

I have the right to retain my individuality and not be judged for my decisions that may be contrary to beliefs of others.

I have the right to expect that the sanctity of the human body will be respected after death.

I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs.

*Source: Barbus AF: The dying person’s bill of rights, Am J Nus 75:99, 1975.