

# CALIFORNIA PRISON HEALTH CARE SERVICES



<b>VOLUME 1: GOVERNANCE AND ADMINISTRATION</b>	Date Created: 7/15/09
<b>CHAPTER 17A</b>	Next Revision: 9/15/10
<b>ADVANCE DIRECTIVE FOR HEALTH CARE</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. PURPOSE

The purpose of this policy is to ensure clinical staff are aware of patient-inmates' rights to make decisions about their health care and to appoint an agent to make medical decisions for them if they are no longer able to make decisions for themselves. This policy introduces an updated version of the California Department of Corrections (CDCR) Form 7421, Advance Directive for Health Care, and encourages staff to promote patient-inmates' use of advance directives whenever possible, especially when the patient-inmate is diagnosed with a serious medical condition or is admitted to a Correctional Treatment Center (CTC) or General Acute Care Hospital (GACH), outside medical facility, Skilled Nursing Facility (SNF), or Outpatient Housing Unit (OHU).

## II. POLICY

Patient-inmates have a fundamental right to make their own health care decisions, including treatment decisions regarding medications, surgeries, and life-support treatments. Patient-inmates also have the right to appoint an agent to make health care decisions for them in the event they are no longer able to make decisions for themselves. It is CPHCS policy to promote the utilization of advance directives to determine patient-inmates' preferences. However, patient-inmates are not required to complete an advance directive.

- The availability of the Advance Directive for Health Care form shall be communicated to patient-inmates. This can be achieved by numerous methods including the "Inmate-Patient Health Care Orientation Handbook" which includes information about advance directives. CDCR Form 7421 with the Inmate Fact Sheet/Instructions should be included in the informational packet given to inmates in Reception Centers. The Women's and Men's Advisory Committees should be notified of this policy and asked to educate patient-inmates about it. Additionally, health care staff has professional obligations to discuss end-of-life decision making and the goals of care with patient-inmates at clinically appropriate times. During these conversations, health care staff should educate patient-inmates about their right to name a health care agent and to specify their end-of-life preferences.
- California Prison Health Care Services (CPHCS) encourages all patient-inmates to complete an advance directive and additionally, when clinically appropriate, requires providers to discuss with patient-inmates their wishes for intensity of end-of-life care. The patient-inmates' specific wishes for end-of-life care can be documented on the Physician Orders for Life Sustaining Treatment (POLST) form which will also serve as the preferred manner to document code status/Do Not Resuscitate (DNR) orders.
- While CDCR Form 7421 Advance Directive for Health Care is a preferred method for CDCR patient-inmates to communicate their wishes, other documentation provided by patient-inmates or their surrogates, if able to be validated, will be honored.
- Patient-inmates shall be given an opportunity to complete and/or revise the advance directive form during admission to a CDCR healthcare setting, including Correctional

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Treatment Center (CTC), Hospice, Outpatient Housing Unit (OHU), Skilled Nursing Facility (SNF) or General Acute Care Hospital (GACH).

- A health care provider or institution (for institutions there must be a pre-existing institutional policy) may decline to comply with the preferences of the patient-inmate or the patient-inmate's agent or surrogate for reasons of conscience or if the requested medical care would be medically ineffective or contrary to generally accepted health care standards.

## III. RESPONSIBILITIES

Institutional Chief Medical Executives, Chief Medical Officers, Directors of Nursing, and Health Care Managers must ensure that all health care staff are familiar with the advance directives and Inmate Fact Sheet/Instructions form and shall make copies of these documents available in all healthcare settings and in the Law Library to ensure effective implementation.

## IV. DEFINITIONS

**Agent:** an individual designated in a power of attorney for health care to make a health care decision for the principal, regardless of whether the person is known as an agent or attorney-in-fact, or by some other term. "Agent" includes a successor or alternate agent.

**Capacity:** a person's ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks, and alternatives.

**Effective communication:** the means by which information is translated and is understood by the intended party through speech, signals, or writing. The method of communication, which may include auxiliary aids, shall be determined on a case-by-case basis and shall be documented when utilized for health care contacts.

**Health care:** any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.

**Health care decision:** a decision made by a patient-inmate, or the patient-inmate's agent, conservator, or surrogate, regarding the patient-inmate's health care, including the following:

- a) Approval or disapproval of diagnostic tests, surgical procedures, and programs of medication
- b) Directions to provide, withhold, or withdraw artificial nutrition, hydration, and all other forms of health care, including cardiopulmonary resuscitation (CPR)

**Health care provider:** an individual licensed, certified, or otherwise authorized or permitted by the law of California to provide health care in the ordinary course of business or practice of a profession.

**Licensed health care facility:** a health care facility licensed by the California Department of Health Care Services, and includes Correctional Treatment Centers, Skilled Nursing Facilities, and General Acute Care Hospitals, and other facilities included in California Health and Safety Code § 1250.

**Primary Care Physician:** a physician, nurse practitioner, or physician assistant designated to have primary responsibility for the patient's health care or, in the absence of a designation or if the designated physician is not reasonably available or declines to act as primary physician, a physician who undertakes the responsibility.

**Principal:** an adult who executes a power of attorney for health care.

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**Power of attorney for health care:** a written instrument designating an agent to make health care decisions for the principal.

**Reasonably available:** readily available to be contacted without undue effort and willing and able to act in a timely manner considering the urgency of the patient's health care needs.

**Supervising health care provider:** the Chief Medical Officer or other designated Physician Manager.

**Surrogate:** an adult, other than a patient-inmate's agent or conservator, authorized to make a health care decision for the patient-inmate.

## V. FORMS

**CDCR Form 7421 Advance Directive for Health Care** - This form allows the patient-inmate to do *either or both* of the following: state instructions for future healthcare decisions and/or appoint an agent with power of attorney for health care. Any patient-inmate regardless of health status is encouraged to complete an advance directive on health care. If a patient-inmate does not have an advance directive and is diagnosed with a serious medical condition and/or is admitted to a medical unit the provider should strongly encourage completion of the advance directive at that time.

**Patient Instructions for Completion of Advance Directive for Health Care** - These instructions are written for the patient-inmate, but may also answer some frequently asked questions that some providers may have about completing the form. These instructions are long and may contain more detail than most patient-inmates prefer or require. The Advance Directive for Health Care Form 7421 has abbreviated instructions for completion that most patient-inmates will find sufficient.

**Physician Orders for Life-Sustaining Treatment (POLST) Form** - A POLST form can document a patient-inmate's 'preferred intensity of care' concerning life-sustaining treatment and end-of-life care, including resuscitation status, and translates those expressed preferences into a physician's order. This form is most appropriate for patient-inmates who are *frail, elderly, have a life-threatening illness or injury, or have a life expectancy of less than six months*. The POLST form will serve as the preferred method to document code status/Do Not Resuscitate (DNR) orders.

## VI. REFERENCES:

- Cal. Probate Code § 4609, 4650, 4654, 4658, 4671, 4678, 4682, 4683, 4684, 4695(a) and (b), 4698, 4711(d), 4734, 4735

**Reviewed and Approved By:**

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Name \_\_\_\_\_ Date 9/21/09