ETHICAL ISSUES
Policy No. 1-008.1

PURPOSE

To ensure there is a hospice process that encourages patients and family/caregivers, as well as hospice personnel, to participate in the consideration of ethical issues that arise in the care of hospice patients.

POLICY

Kaiser Permanente Hospice will provide a mechanism designed to respond to the increasing challenges confronting health care providers who are involved in treatment choices and care decisions. Management meetings, case conferences, interdisciplinary group meetings, performance improvement meetings, and the interdisciplinary group can serve as vehicles to consider and discuss ethical issues. Kaiser Permanente has a bio-ethics committee in the medical center that can be utilized for unresolved ethical issues. The committee members meet on a regular basis and as needed for case consultation. The patient's physician and other health care providers may attend. The organization will develop and maintain resources and provide education programs concerning ethical issues. (See "Advance Directives" Policy No. 1-004 and "Do Not Resuscitate/Do Not Intubate" Policy No. 1-005.)

The patient and family/caregiver, or their legal representative, have the right to participate in any discussion concerning a conflict or ethical issue arising from the care of the patient.

Definitions

1. Ethical Issues in hospice include (but are not limited to):

    A. Withholding/withdrawing treatment

    B. Unsafe home situations and patient safety

    C. Nonadherence to plan of care or refusal of treatments/interventions

    D. Choosing to stay in a neglectful or abusive environment

    E. Over- or under-treatment by a physician/family/caregiver

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F. Family/caregiver participating in medical decisions

G. Informed consent

H. Confidentiality and patient privacy rights

I. Care of patients without insurance/other payment sources

J. Any issue which causes an ethical conflict or moral dilemma

K. How the organization will address the care of patients that have elected to participate in a state's Death with Dignity Act process. (**see Addendum 1-008K of this Policy**)

L. Ethical business practices that include marketing of services, admission practices, transfer practices, discharge practices, and billing practices.

PROCEDURE

1. Hospice personnel may discuss any ethical concerns with their immediate supervisors. Further discussions may be held during management meetings, case conferences, performance improvement meetings, or interdisciplinary group meetings.

2. Hospice personnel, patients, patient representatives, and attending physicians may request, in advance, to attend a meeting of the selected committee whenever discussion may be relevant to the care involving an individual patient.

3. Minutes will be maintained for all meetings.

4. Any hospice personnel, physicians, or other professionals involved in the care of the patient, or the patient and family/caregiver may initiate a referral for an ethics consultation through notification of the Hospice Senior Manager.

5. Issues involving conflicts and ethical concerns will be tracked and reported through performance improvement activities.

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Policy No. 1-008.3

A. Experimental protocols in relation to the organization's mission and ability to provide the necessary care and services

B. The safety and practicality of home administration

C. A method to conduct reviews and identify who will be involved

D. The relative risks and benefits to the subject

E. The process for obtaining the subject's informed consent, and the organization's consent to participate in the research

   a. The patient must receive a complete and written explanation of the treatment or procedure, possible side effects, and complications prior to giving consent.

   b. The patient's research informed consent for the specific treatment will be documented in the clinical record and must include that the patient received information to help determine whether or not to participate, that the patient was informed that refusing to participate or discontinuing participation would not jeopardize access to care, treatment, or services unrelated to the research, the name of the person providing the information, the date the form was signed, and must address the patient's right to privacy, confidentiality, and safety.

   c. If the patient has begun an experimental procedure, treatment, or medication in another health care setting and has given consent, hospice will attempt to obtain a copy of the informed consent from the primary investigator.

   d. Personnel providing care for the patient (procedure, treatment, or medication) will follow applicable organization policy and practice per physician (or other authorized licensed independent practitioner) orders and will be qualified to administer the investigational medication.

   e. A payer source must be established and documented prior to initiation of the treatment.

   f. The patient will be informed that refusal to participate or decision to discontinue participation will not compromise his/her access to care, treatment and services.

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Policy No. 1-008.4

Addendum 1-008K

PURPOSE:

To provide guidelines for staff when a patient is participating in the Death with Dignity Program

POLICY:

Kaiser Permanente Continuing Care Services Hospice does not participate in the Death with Dignity Program.

Section a:

1. Palliative care services are provided to hospice patients, to include holistic care and management of symptoms related to a life-limiting illness.
2. Death with Dignity services are not provided by the Hospice Agency to Hospice patients.

Section b:

1. Kaiser Permanente Continuing Care Services Hospice
   500 NE Multnomah St.
   Portland, OR 97232

Section c:

1. A copy of the policy will be provided to the Washington Department of Health.
2. A copy must be posted to the hospice agency or facility website.
3. If a policy is amended, an updated policy must be submitted to WA DOH within 30 days and posted on the website.

PROCEDURE:

1. Hospice medical providers do not participate as either attending (prescribing) or consulting providers.
2. Hospice staff and/or volunteers may not transport Death with Dignity Act medications from the pharmacy to the patient's residence.
3. Hospice staff/volunteers may not witness a patient's written request for medication that the patient may self-administer to end their life.
4. Hospice staff/volunteers may not assist with medication preparation to include mixing or administration.
5. Hospice staff may not place a rectal catheter for the purposes of self-administrations of DWD medication.
6. Hospice staff/volunteers may be present in the patient room at time of ingestion and following ingestion.

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