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	Document Title:	REFUSAL OF TREATMENT OR PROCEDURE

PURPOSE:


To establish the proper documentation of patient refusal of treatment or procedure.

LEVEL:


MD, RN, Ancillary Services Staff

GENERAL GUIDELINES:

- 1 For the purpose of this Standard Operating Procedure, the following terms are defined:
 - 1.1 **Adult** - a person who has attained maturity or legal age (18 years old).
 - 1.2 **Minor** - a person who has not attained maturity or legal age (below 18 years old).
 - 1.3 **Surrogate Decision-Maker** - an individual with decision-making capacity who is identified as the person who has authority to consent to medical treatment on behalf of an incapacitated patient in need of medical treatment by law, by court and by will (with power of attorney)
 - 1.4 **Attending Physician** - the physician with primary responsibility for a patient's treatment or care.
 - 1.5 **Medical Treatment** - a healthcare treatment, service, or procedure designed to maintain or treat a patient's physical or mental condition, as well as preventive care.
 - 1.6 **Decision-Making Capacity** - the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment and the ability to reach an informed decision in the matter.
 - 1.7 **Incapacitated** - lacking the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequence of healthcare treatment decision, including the significant benefits and harms of and reasonable alternatives to any proposed healthcare treatment decisions.


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- 2 Healthcare is provided at the request of and for the benefit of the patient. When a refusal of medical treatment occurs, this may sometimes place the hospital and attending physicians in a position which restricts their ability to provide the best care possible and to control treatment properly.
- 3 Every person has the right to make informed decisions about their healthcare and that healthcare professionals should not impose their own beliefs or decisions upon their patients.
- 4 In any situation regarding the refusal of care, Healthcare providers shall ascertain the validity of patient's capacity to refuse.
- 5 Refusal of treatment or procedure should not be considered for patients who do not have the capacity to make competent decisions regarding their own care until the patient is no longer intoxicated, and any medical illnesses affecting capacity have resolved.
 - 5.1 A patient's competence may be significantly impaired by mental illness, drug or alcohol intoxication, physical or mental impairment.
 - 5.2 Patients who have attempted suicide, verbalized suicidal intent, or when factors leads healthcare workers to suspect suicidal intent, should not be regarded as a competent.
- 6 Another notable population of patients who refuse care includes patients with advanced directives such as a Do Not Resuscitate (DNR) or Do Not Intubate (DNI) order. Ideally, patients with these advanced directives should have no difficulties fulfilling their preferred medical decisions; however, there are multiple situations where this may present a problem.
 - 6.1 Advanced directives are not readily available, or the provider may not know if a patient has a directive, especially if the patient is unable to relay the information himself. In these cases, it is prudent to provide appropriate medical care whenever there is doubt regarding a patient's medical directive.
 - 6.2 Family members of a patient with an advanced directive are not aware of a patient's wishes, or perhaps do not agree with them, and may attempt to

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intervene in the medical decision making. All health care providers need to keep the patient and the patient's wishes as their primary focus, and the medical decision making in these scenarios should be guided by the information that is readily available.


- 6.3 In the setting of an impaired elderly patient, healthcare professionals should first refer medical decision making to any individual legally appointed as the patient's medical decision-maker, such as medical power of attorney.
 - 6.4 If the patient does not have such a legally appointed individual, medical professionals should determine if a living will or other documented medical directive is available.
 - 6.5 If no directive or medical power of attorney exists, and the patient is unable to communicate their directive, referring to family members is appropriate and expected for decision making.
- 7 A competent adult has the right to determine the course of his/her own medical care and shall be allowed to make decisions affecting his/her medical care.
 - 8 Patients under the age of eighteen (18) do not have the legal right to make medical decisions for themselves and require parental consent for medical care, apart from an exemption; the minor has been legally emancipated. They have full medical decisions making power in any and all situations.
 - 9 A refusal of a specific treatment (e.g. intubation, CPR, blood transfusions) should not be interpreted as a desire to die or a refusal of other treatments.
 - 9.1 It may appropriate to continue aggressive treatments other than those refused in addition to comfort measures.
 - 9.2 Alternative treatments that are within accepted standards of care and that are acceptable to the patient (e.g. blood volume expanders) should be offered to the patient.
 - 10 Treatment refusals by surrogates on behalf of patients who lack decision-making capacity should be in accord with what the patients would have decided for themselves, if their wishes are known.

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- 11 The patient or surrogate(s) if appropriate, should be informed about the risks, consequences and alternatives associated with a specific treatment refusal and the discussion should be documented in the patient's medical record.
 - 11.1 Each occasion of a patient's or the surrogate's expressed refusal should be documented in the medical record.
 - 11.2 Any limits or conditions that a patient may set on a refusal should also be clearly documented in the medical record.
- 12 It is important not to consider a patient refusing care as an adversary. While they may be perceived as uncooperative, these patients typically are making these decisions in an unfamiliar, stressful environment, and sometimes the best care a healthcare professional can provide in those situations is to allow the patient to maintain their autonomy.
- 13 Refusal of care does not indicate the end of healthcare professionals responsibility. Healthcare providers still need to advocate for the decisions and well-being of their patients even when those patients or surrogate(s) have refused care and/or treatment.
- 14 Keep in mind that a patient with refusal to care and treatment, always retains the right to change their mind and accept further care.

PROCEDURE:

- 1 The Nurse-on-duty informs the attending physician of the refusal of treatment or procedure.
 - 1.1 If the patient disclose to the nurse on-duty about the refusal of treatment or procedure, the nurse immediately informs the resident in-charge.
 - 1.1.1 The resident in-charge informs the attending physician and the makes a written order in the chart to have the patient/relative sign the refusal of treatment or procedure form.

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- 1.2 If the patient confides to the attending physician about the refusal of treatment or procedure, the attending physician makes a written order in the chart to have the patient/relative sign the refusal of treatment or procedure form.
- 2 The attending physician and/or resident on-duty shall discuss the circumstances of the refusal with the patient or his/her representative to include:
 - 2.1 The diagnosis
 - 2.2 The explanation of the proposed treatment or procedure
 - 2.3 The anticipated benefits, risks complications, adverse reactions and consequences of the proposed treatment.
 - 2.4 The risks and possible consequences of refusing the treatment, including threats to safety, health and life.
 - 2.5 The reasons for his refusal of treatment, such as wanting alternative treatments or a lack of insurance coverage.
- 3 The attending physician shall determine if the refusal is valid and should be respected. Once the refusal is valid:
 - 3.1 Attending consultant and/or resident on-duty shall secure a signed refusal form from the patient/patient's representative
 - 3.2 Attending consultant and/or resident on-duty shall document the details of the refused treatment and/or procedure on the physician's order sheet.
 - 3.2.1 Date and Time the refusal form was signed.
 - 3.2.2 Procedure and Treatment that was refused.
 - 3.3 Attending consultant and/or resident on duty shall inform the patient or surrogate that he or she has the right to change their mind anytime and wishes to accept further care.
 - 3.3.1 Attending consultant and/or resident on-duty shall re-discuss the latest status of the patient and the circumstances of the care and treatment.

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- 3.3.2 Attending consultant and/or resident on-duty shall determine the validity of the decision. If valid, the prior signed refusal form will be *null and void. And shall be removed from patient's medical record.*
- 3.3.3 Attending consultant and/or resident on-duty shall document the details on the physician's order sheet.
- 4 Nurse on-duty sees to it that all needed signatures are affixed and attaches the refusal form to the chart of the patient.
- 5 Nurse on-duty should properly documented in the nurse's notes the details of the refusal to include:
 - 5.1 Date and Time refusal form for treatment was signed
 - 5.2 Procedure and Treatment that was refused.


REFERENCES:

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2. Appelbaum PS. Clinical practice. Assessment of patients' competence to consent to treatment. N Engl J Med. 2007
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KEY TASKS	PERSON RESPONSIBLE
1. Informs the Attending Physician of the refusal of treatment or procedure.	Nurse-In-Charge
2. Informs the Attending Physician and the makes a written order in the chart to have the patient/relative sign the refusal of treatment or procedure form.	Resident in-charge
3. Makes a written order in the chart to have the patient/relative sign the refusal of treatment or procedure form if the patient confides to the attending physician about the refusal of treatment or procedure.	Attending Physician
4. Discuss the circumstances of the refusal with the patient or his/her representative	Attending Physician/Resident on-duty
5. Determines if the refusal is valid and should be respected.	Attending Physician
6. Informs the patient or surrogate that he or she has the right to change their mind anytime and wishes to accept further care.	
7. Re-discuss the latest status of the patient and the circumstances of the care and treatment.	Attending Physician/Resident on-duty
8. Sees to it that all needed signatures are affixed and attaches the refusal form to the chart of the patient.	Nurse-In-Charge
9. Documents in the nurse's notes the details of the refusal	



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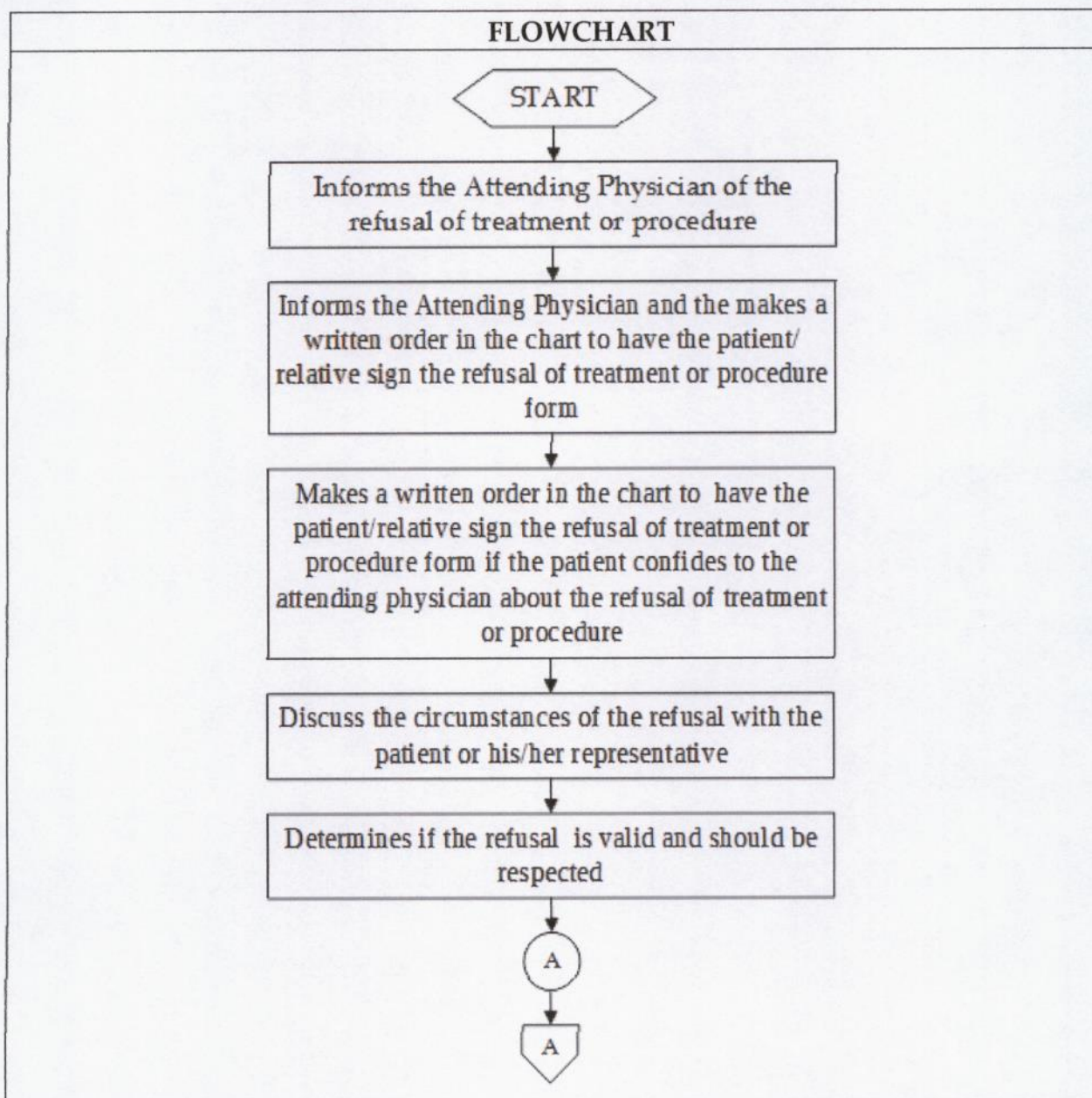


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FLOWCHART



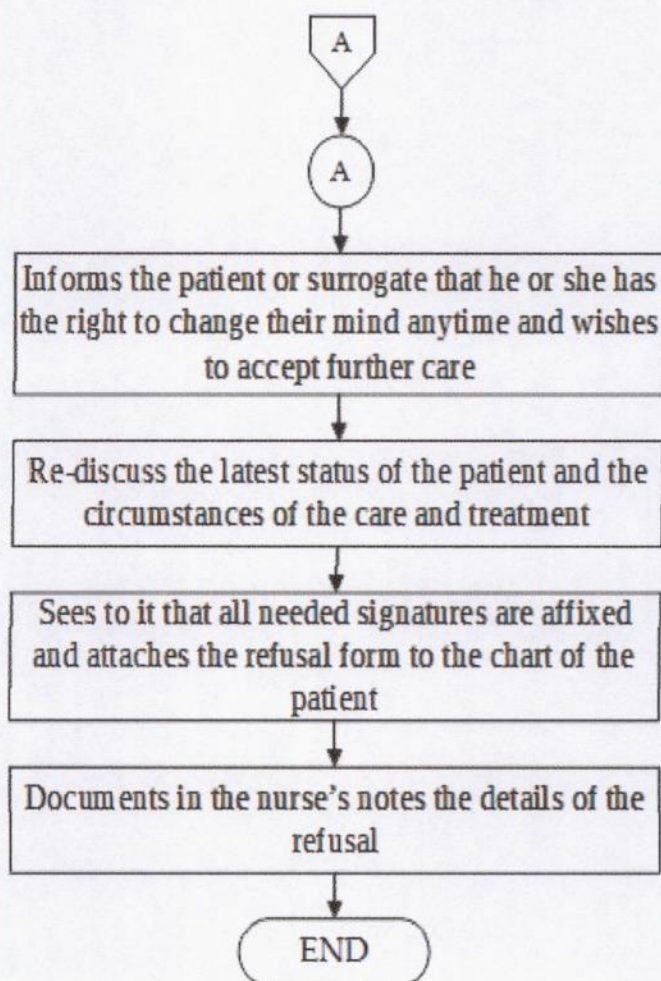



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
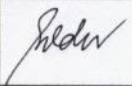


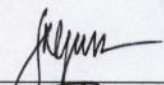
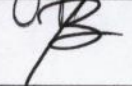
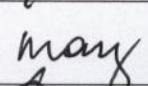
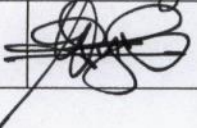
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