	Quality Management Systems Procedure	
	Title: End of Life Care	
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Policy:

This policy is to set out the values, principles and practices underpinning the TVVP hospital's approach to the care of patients who are terminally ill and facing end of life care (EOLC).

Utmost compassion and comfort are given to these patients and their families, their spiritual needs are fulfilled, and to ensure rights and functions are observed by the staff of TVVP hospitals.

Purpose:

- To ensure delivery of compassionate and competent care to the patients who are facing end-of-life-care (EOLC).
- To ensure relieve pain and physical symptoms patients.
- To ensure all staff respect emotional, personal suffering of patients.
- To ensure all the hospital staff complies with legislation, and the wishes of patients/relatives.
- To minimize Transmission Based Precautions and any risk of cross-infection.

Description of the Process:

1. The treating doctor identifies suitable family member as a decision-maker for the patient in cases where the patient is either less than 18 years of age or not in sound frame of mind. For more details, refer patient's rights policy.
2. The treating doctor gives an accurate prognosis as possible; clarifying that uncertainty is inherent in the treatment of critical illness in a language and in terms that the family/ decision maker can understand.
3. The discussions should be between the family/ patient and the treating doctor. The presence of a nurse and a junior doctor will ensure consistency in subsequent discussions. There should be multiple counselling sessions of adequate duration. The adequacy of the duration will be determined by the treating doctor on a case to case basis.Family must be given adequate time

and opportunity to ask questions and to express their views and emotions. This should be done in a manner that ensures privacy, in a waiting room or similar area.

4. The possibility of death should be discussed along with the medical and palliative treatment options. The family members may express feelings of guilt or remorse that should be resolved with patience. It might be useful to remind the family that death is inevitable and medical science cannot offer cure in all situations, that during the dying process the patient needs a humanistic approach rather than a purely technical one. In case the family has difficulties, psychologist may be considered.
5. The physician will not unduly influence the family decision-making.
6. The physician should guard against imposing his own values on end of life decisions or be in any way manipulative or coercive.
7. Decision may be taken in a stepwise manner towards deescalating the treatment through discussions until the picture becomes clearer to the family.
8. Conflicts may be resolved through improved communications, deferring decisions, seeking second opinions, or a psychologist's consultation.
9. The treating doctor may not subject a patient to a particular therapy, even if the family may demand it, if it is against his professional judgment.
10. **Discharge:**

If the patient is discharged from the hospital pre-terminally, an appropriate discharge process ("discharged on request", "left against medical advice" or "discharged against medical advice"), in keeping with the hospital policy, should be followed.

11. When the patient undergoes **withdrawal / withholding of life-sustaining modalities**, the treating doctor is ethically obliged to continue to provide care that would alleviate the patient's distress.

- All ethical issues relating to withdrawal should be discussed thoroughly with the family.
- If the patient is conscious and compos mentis, he / she should be clearly and with sensitivity explained what is expected to happen when a support is withdrawn. He / she should be reassured that possible pain or distress will be prevented by medication and prompt action should be taken for symptom relief.
- The optimal dose of opiates is determined by increasing the dose until the patient's comfort is ensured. There is no maximum dose recommended.
- The treating doctor should continue to be available to the family for guidance and counselling.
- For patients discharged home for terminal care suitable arrangements for transport and guidance for home care should be made.
- The patient's family should be allowed free access to the patient during the last days of his / her life.
- It would be permissible to allow children to visit the patient beyond visiting hours.
- The family should be encouraged to participate in the general care and nursing of the patient. Music, books, TV etc. that can help to improve the environment should be made available.
- The patient should be allowed every opportunity to experience spiritual meaning and fulfilment.
- Performance of non-obtrusive bedside religious services or rites should be encouraged.
- Nursing personnel ensures a quiet, clean environment facilitating all aspects listed between in this policy.
- Nursing personnel will ensure that the door is closed or the curtains are drawn to provide privacy to the patient and family.

A treating doctor should be physically present whenever the cardiopulmonary support is discontinued or when death occurs.The declaration of the terminal event (death) of the patient should be always communicated to the attending family members by the treating doctor.

Documentation:

Details of the communications between the treating doctor and the family should be documented accurately and completely.

- In the Medical record the specific modalities withheld or withdrawn should be documented.
- The treating doctor, family member would sign in the medical record below the details of communication and course of action agreed upon by both treating doctor and family.