



**Clinical Staff Executive Committee**

**MEDICAL CENTER POLICY NO. 0191**

- A. SUBJECT: Refusal of Treatment
- B. EFFECTIVE DATE: July 1, 2013 (R)
- C. POLICY:

Under Virginia and Federal law<sup>1</sup>, capable adult patients and emancipated minors at the University of Virginia Medical Center have the right to make decisions concerning their medical treatment, including decisions to refuse some or all treatments. Refusal of treatment refers both to withholding treatment not yet begun and cessation of an ongoing treatment. Decisions concerning refusal of treatment are not only applicable at the end-of-life, but can occur at any time during a patient's hospitalization.

D. PROCEDURE:

1. When a capable adult patient or emancipated minor has decided to refuse certain treatments, the attending physician or other LIP<sup>2</sup> after notifying the attending shall record the patient's decision in the medical record.
2. If a patient does not have the capacity to make decisions, the patient's Advance Directive shall be followed, or, if there is no applicable Advance Directive, a healthcare agent<sup>3</sup> shall be identified, as specified in [Medical Center Policy No. 0024 "Informed Decision-making"](#), and [Medical Center Policy No. 0142 "Advance Directives"](#). The healthcare agent shall have authority to make medical treatment decisions, including decisions to refuse treatment. Healthcare agents designated by the Patient Care Consulting Subcommittee are not permitted to make decisions regarding withholding or withdrawing life-sustaining therapy.
3. Following either the patient's or healthcare agent's decision to refuse life-sustaining treatment, the treatment team shall continue to provide measures to provide patient comfort and alleviate pain and other terminal symptoms.

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<sup>1</sup> See Virginia Code Sections 54.1-2981 through 54.1-2993, Patient Self-Determination Act, 42 U.S.C. Section 1395(a) (1) (f) (1) (A.).

<sup>2</sup>For the purposes of this policy, (LIP) licensed independent practitioner includes physicians, nurse practitioners, and physician's assistants

<sup>3</sup> "Healthcare agent" has the same meaning as such terms as "legal representative," "surrogate decision maker," "legally authorized representative," and "patient's authorized agent" appearing in other Medical Center policies.

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4. If the attending physician believes that the patient's or healthcare agent's decision to refuse treatment is not in the patient's best interest, the physician may inquire into the patient's or healthcare agent's reasons for such refusal, seek to correct misunderstandings and explore alternatives that might be acceptable to the decision maker. The attending physician may request an Ethics Consultation (as provided in [Medical Center Policy No. 0105 "Ethics and Patient Care Consultation"](#)) or assistance from the Department of Social Work or Chaplaincy Service to help resolve the disagreement.
5. An attending physician who determines the patient's or healthcare agent's decision to refuse treatment to be medically or ethically inappropriate, or who refuses to comply with the patient's or healthcare agent's decision, shall make a reasonable effort to transfer the patient to another physician.
6. If the attending physician believes that a parent's or other healthcare agent's decision to refuse treatment for a minor child is not in the child's best interest, the physician may request an Ethics Consultation or assistance from the Department of Social Work or Chaplaincy Service. If resolution of the disagreement is not possible, or if initiation of treatment is essential to the child's well being, the physician should notify Medical Center Risk Management or University General Counsel who will advise the physician regarding the option of seeking entry of an emergency medical treatment order.
7. If the patient does not have capacity for making an informed decision but protests the decisions made by his/her agent that are otherwise authorized by his/her advance directive, the agent may make a decision consistent with the advance directive over the patient's protests if :
  - a. the decision does not involve withholding or withdrawing life-prolonging procedures;
  - b. the advance directive explicitly states that his/her advance directive regarding the specific issue at hand should govern, even over later protests;
  - c. the attending physician or licensed clinical psychologist attested in writing at the time the advance directive was made that the patient was capable of making an informed decision and understood the consequences of the provision; and
  - d. the patient's attending physician determines and documents that the provision, continuation, withholding or withdrawing of the healthcare is medically appropriate and otherwise permitted by law.
8. If the patient has not explicitly authorized his agent to make the healthcare decision at issue over the patient's later protest, and a patient who is incapable of making an informed decision protests a decision made by his/her agent, the agent may make a decision over the patient's protest if:
  - a. the decision does not involve withholding or withdrawing life-prolonging procedures;
  - b. the decision is based, to the extent known, on the patient's religious beliefs and basic values and on any preferences previously expressed by the patient in an advance directive or otherwise regarding such healthcare or, if they are unknown, is in the patient's best interests, and;

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- c. the Patient Care Consulting Subcommittee has affirmed and documented that the provision, continuation, withholding or withdrawing of the healthcare is ethically acceptable.
  
- 9. To assure that decisions to refuse treatment are followed in the operating room, the attending physician or his/her designee shall discuss with the patient or healthcare agent the possibility that certain treatments may be required as part of a proposed anesthesia and surgery treatment plan and obtain a clear indication of the patient's or healthcare agent's decisions in connection with such surgery.
  - a. Physicians may refuse to provide anesthesia or operate on patients if the patient or surrogate has requested elective surgery but refuses treatment that is a prerequisite for the success of the anesthesia and surgery.
  
  - b. When non-elective surgery is planned and the patient or healthcare agent refuses treatment that is a prerequisite for the success of the anesthesia or surgery, the attending physician may request an Ethics Consultation or assistance from the Department of Social Work, Chaplaincy Service, Risk Management or University General Counsel. If resolution of the situation is not possible, the patient's or healthcare agent's refusal should be respected. Transfer of care to another physician is an option.
  
  - c. In life-threatening emergency situations, when a proper discussion with patients or healthcare agent has not been possible, physicians must use their best judgment as to whether decisions to refuse treatment apply perioperatively. This judgment shall be based upon the likely benefit and risk of the procedure and what is known of the patient's or healthcare agent's decision.

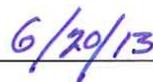
SIGNATURE:



Robert S. Gibson, M.D., President, Clinical Staff



R. Edward Howell, CEO, UVA Medical Center



DATE:

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Approved May 4, 1999

Revised July 1999, March 2003, December 2006, June 2009, June 2010, June 2013

Approved by Ethics Committee

Approved by Clinical Staff Executive Committee