

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>ADVANCE DIRECTIVES - STANDARDS</p>	<p>Policy 6.1.4 Protocol 1</p>
<p>ADVANCE DIRECTIVES PROTOCOL</p>		

STANDARDS TO BE MET

1. Pursuant to the Code of Health and Disability Services Consumers' Rights a patient has the right to use an advance directive. This includes the right to refuse medical treatment.
2. The DHB has three (3) obligations to the patient in relation to advanced directives:
 - 2.1 Assist the patient to make and maintain an advance directive
 - 2.2 Comply with the terms of an advance directive
 - 2.3 Ensure that advance directives received by BOPDHB are uploaded to the patient's health record and that a Medical Alert is entered onto the patient's health record.
3. If a Clinician feels unable to comply with an advance directive because of moral or religious beliefs then the care of the patient should be transferred.
4. If the patient on admission states they have an advance directive then this should be placed on the patient's health record. If the patient cannot produce the document then the substance of the directive should be documented in the patient's health record until a copy can be located. If the patient cannot locate the document and they are competent, and wish to do so, they should be assisted in the drafting of a new document which may be the BOPDHB's Advance Directive form or another document such as BOPDHB's Resuscitation Status Ceiling of Intervention form or My Future Care Plan or the national My Advance Care Plan.
5. If the patient is incompetent and does not have a Welfare enduring power of attorney (EPOA) or the patient's Welfare EPOA is not contactable and the advance directive cannot be located then life-sustaining treatment will be provided as per DHB policy.
6. If the patient is competent on admission then the patient may give an oral advance directive to the Clinician. This should be entered into the patient's health record and signed by the patient and a witness.
7. Every patient must be presumed to be competent to make an advance directive, unless there are reasonable grounds for believing that the patient is not competent.
8. If competence is in question utilise an appropriate tool to ascertain the patient's level of understanding and ability to make appropriate decisions.
9. Where the patient is not competent they retain the right to make decisions to the extent appropriate to their level of competence.

CONSIDERATIONS FOR APPLYING AN ADVANCE DIRECTIVE

1. If the patient presents with what appears to be a valid advance directive then the Clinician has an obligation to comply with the patient's wishes.
2. However if the Clinician has any concerns considering the validity of the document they should consider the following factors:
 - 2.1 Whether the patient was competent to make the particular decision when the decision was made
 - 2.2 Whether the patient made the decision free from undue influence
 - 2.3 Whether the patient was sufficiently informed to make the decision
 - 2.4 Whether the patient intended the advance directive to apply to the given situation

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<p>Protocol Steward: General Counsel</p>	<p>Authorised by: Medical Director</p>	

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2.5 If the Clinician believes that complying with the patient's advance directive is contrary to the patient's best interest then they should consult with a person who is legally entitled to consent or refuse treatment on the patient's behalf.

2.6 If the patient is competent on admission they should be asked if they wish the advance directive to remain in effect with the response being recorded in the patient's health record.

MAKING AN ADVANCE DIRECTIVE

1. If a patient is competent then a Clinician can assist them with the drafting of an advance directive by:
 - 1.1 Providing the patient with the necessary medical information to make an informed decision
 - 1.2 Discussing the options with the patient and family / whānau
2. To enter into an advanced directive the patient must be legally competent. That is: can the patient understand and retain information relevant to the decision at hand? Do they have the ability to weigh up the information before arriving at a choice?
3. The patient must not be unduly influenced by others
4. The patient must be over 18 years of age
5. The directives must be clearly stated and not require a Clinician to act unlawfully
6. If the patient is receiving the necessary information and the Clinician determines them to be competent then they can assist or delegate another DHB employee to assist with the completion of the BOPDHB Advance Directive form.

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.1.4 Advance Directives
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 6.5.1 protocol 1 Alerts – Medical – Allergic Responses, Adverse Reactions and High Risk Issues
- Bay of Plenty District Health Board Form FM.A7.1 Advance Directive
- Bay of Plenty District Health Board Form FM.A11.1 Alert - Medical
- Bay of Plenty District Health Board Form Resuscitation Status Ceiling of Intervention (7447) – *viewable only. Order through Design & Print Centre*
- Bay of Plenty District Health Board My Future Care Plan (8435) – *viewable only. Order through Design & Print Centre*
- My Advance Care Plan

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