



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS I-04.0	Subject: END OF LIFE DECISION MAKING
Reference: NCCHC Standard P-I-04,2014; Physician Orders for Life-Sustaining Treatment (POLST) form	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: June 1, 2017
Signature / Title: /s/ Cindy Hiner / Health Services Manager	
Signature / Title: /s/ Tristan Kohut, D.O. / Medical Director	

I. PURPOSE

To provide inmates the opportunity to execute advanced directives including living wills, do not resuscitate orders, and health care proxies, in recognition of the importance of allowing inmates approaching end of life the opportunity to outline medical treatment options.

II. DEFINITIONS

Advanced Directives – expressions of the inmate’s wishes as to how future care should be delivered or declined, including decisions that must be made when the inmate is not capable of expressing those wishes.

Do Not Resuscitate (DNR) Order – a document which serves as an inmate’s specific refusal of certain extraordinary measures that may prolong his life.

Health Care Proxy – a document which specifies who can make decisions for the inmate when the inmate is incapacitated.

Living Will – a document which specifies which clinical interventions an inmate wants done.

POLST – Provider’s Orders for Life-Sustaining Treatment program in Montana. It is a program designed to improve the quality of care people receive at the end of life. This is accomplished by the development of an effective communication process to assure patient wishes are communicated to the medical providers. The process utilizes a POLST form, which is official documentation of medical orders on a standardized form coupled with a promise by health care professionals to honor those wishes. The POLST form is portable from one care setting to another and translates the wishes of an individual into actual medical orders. The form is dynamic and may be updated by the patient with the medical provider as preferences change. (definition from MT Dep’t of Labor and Industry – Business Standards - http://bsd.dli.mt.gov/license/bsd_boards/med_board/polst.asp)

III. PROCEDURES

A. Terminally ill inmates will be provided an opportunity to execute advance directives.

1. Healthcare staff will encourage the inmate during his clinic visits to consider advanced directives while the inmate is capable of making decisions and before the effects of illness or disease have reduced the inmate’s capacity to consider the benefits, burdens, and risks of alternative treatments. This will be done without coercion and will utilize the complete medical information.
2. The inmate will be provided education about the diagnosis, prognosis, care options, the meaning and consequences of choosing an advance directive, and the availability of palliative care and

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hospice services. This education will be done without coercion and will utilize the complete, pertinent medical information.

3. Healthcare staff will provide the forms or documents needed to complete the type of advance directive the inmate wants to utilize, and will ensure the inmate is provided education and information regarding the meaning and consequences of such advanced directives prior to the inmate signing any of these documents.
4. All education conversations concerning *advanced directives* will be documented in the inmate's health record. Documentation will include the patient's competency to make the decisions was evaluated.
5. Healthcare staff cannot serve as *Health Care Proxies* for inmate patients.
6. Inmates cannot serve as *Health Care Proxies* for other inmates.
7. As part of the treatment plan for inmates with serious health conditions, physicians will utilize a [Physician Orders for Life-Sustaining Treatment \(POLST\) form](#) to specify what types of life-sustaining treatments will be utilized.
 - a. POLST forms will be reviewed on a regular basis by the physician and patient, and will be updated if there is substantial change in health status, and/or as patient treatment preferences change.
 - b. The physician will ensure the original POLST form is filed in the inmate's health care record/chart.
 - c. Before the POLST form or any other advanced directive is utilized as the basis for withholding or withdrawing care, there will be a review of the patient's care and prognosis by a physician not directly involved with the course of care of that patient.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. ATTACHMENTS None