

TERMINAL OR END OF LIFE CARE

PURPOSE

Respectful and responsive care is provided to the dying patient and the patient's family to provide comfort and dignity at end of life.

POLICY

1. Withdrawal of life support does not prevent provision of optimal care (see [Withdrawal or Withholding Life Support and Resolution of Conflict of Care Issues](#) policy).
2. Patients have the right to accept or refuse all treatments (see [Patient Rights-Management](#) policy).
3. Do Not Resuscitate does not mean no care.
4. Utilize a holistic approach to ensure interventions for any symptoms are provided or withheld according to the wishes of the patient or the surrogate decision maker.
5. Comfort care will include:
 - a. Managing pain aggressively and effectively.
 - b. Providing sedation if appropriate to patient's condition
 - c. Providing oxygen for comfort as needed or desired by patient and/or surrogate decision maker.
6. Sensitively address issues such as autopsy.
7. Contact the donor referral line- see [Organ and Tissue Donation](#)
 - a. Organ Donation will be addressed by the Organ Procurement staff.
8. Respect patient's values, religion, culture, and philosophy by involving the patient/family when appropriate in every aspect of care and decision making, responding to the psychological, social, emotional, spiritual, and cultural concerns of the patient and the family.
9. Allow and support patient/family grief practices as much as is safe.
10. Offer "Dove Packets" to family and/or friends.

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11. Treatment and care are fully explained to the patient and family and documented.
12. Assessment is made of the social, spiritual, and cultural variables that influence perceptions and expressions of grief by the individual, family members, or significant others.
13. The hospital will demonstrate respect for the following patient needs:
 - a. Confidentiality
 - b. Privacy
 - c. Security
 - d. Resolution of complaints
 - e. Pastoral, counseling
 - f. Communication
14. Staff will initiate a referral to Patient Resources for patient/family as appropriate.
15. Ethics committee members are available for ethical dilemmas. See [Ethics: How to call a case review](#) policy.
16. MGHFC respects a patient right to participate in the Death with Dignity Act. See related policy- [Death with Dignity](#)
17. Encourage and facilitate Care Conferences when appropriate. See [Multidisciplinary Patient Care Planning](#) Policy

Alternate Search Words: death, dying, terminal, comfort care, no code, comfort measures

Referenced Documents

Multidisciplinary Patient Care Planning. MGHFC policy. February 19, 2015. Available at:

<http://phd1/mghfc/policies-and-procedures/Library/Multidisciplinary%20Patient%20Care%20Planning.docx>

Withdrawal or Withholding Life Support and Resolution of Conflict of Care Decisions. MGHFC policy. March, 2, 2015 Available at: <http://phd1/mghfc/policies-and-procedures/Library/Withdrawal%20or%20Withholding%20Life%20Support%20and%20Resoluti on%20of%20Conflict%20of%20Care%20Decisions.docx>