

Idaho Department of Correction 	Standard Operating Procedure Operations Division Operational Services	Control Number: 401.06.03.086	Version: 2.2	Page Number: 1 of 4
		Title: End-of-Life Decision Making		Adopted: 3-1-2001 Reviewed: 6-11-2012

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Open to the general public: Yes

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY CONTROL NUMBER 401

Clinical Services and Treatment

DEFINITIONS

Standardized Terms and Definitions List

Advance Directives: Documents such as a living will, healthcare proxy, or do not resuscitate order in which an offender expresses his wishes as to how future healthcare should be delivered or declined, to include decisions that must be made when he is no longer capable of expressing his wishes.

Contract Medical Provider: A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC's incarcerated offender population.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Facility Medical Director: The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for executing an advance directive for (a) offering an offender the opportunity to outline medical treatment options he would exercise in an end-of-life situation, or (b) specifying which individual(s) may make end-of-life decisions on his behalf.

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SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers, and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in *National Commission on Correctional Healthcare (NCCHC) standard P-I-04, End-of-Life Decision Making*. (See section 3 of this SOP.)

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP **and** *NCCHC standard P-I-04* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-I-04*, **or** as indicated in their respective contractual agreement(s);
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedures, forms, and educational information to assist offenders in completing advance directives in accordance with Idaho law;
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation; and
- Ensuring that continuing education for qualified health professionals includes, but not be limited to, formal presentations on end-of-life issues and care.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

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Facility Medical Director

The facility medical director will be responsible for reviewing (with the attending physician) all cases of terminal illness and monitoring processes to ensure that the offender receives thorough and accurate explanations of all available options regarding end-of-life care.

In addition, the facility medical director and facility health authority (or designees) will be jointly responsible for ensuring that all issues regarding the offender’s competence to initiate an advance directive have been sufficiently addressed by qualified health professional staff.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring contract medical provider policy and procedure to ensure that all elements of this SOP **and NCHC standard P-1-04** are accomplished as required;
- Establishing and monitoring contract medical provider policy and procedure to ensure that language and cultural barriers to communication are addressed before a discussion about advance directives is conducted with the offender;
- Establishing and monitoring contract medical provider policy and procedure to assure that advance directives are filed appropriately and executed in accordance with the offender’s express wishes; and

In addition, the facility health authority and facility medical director (or designees) will be jointly responsible for ensuring that all issues regarding the offender’s competence to initiate an advance directive have been sufficiently addressed by qualified health professional staff.

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GENERAL REQUIREMENTS

1. Types of Advance Directives

The following are three (3) types of advance directives that offenders may utilize:

- **Living Will.** A living will specifies which clinical interventions an offender wants done.

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- **Healthcare Proxy.** A healthcare proxy specifies who can make healthcare decisions for the offender when the offender is incapacitated. (**Note:** An offender shall not be allowed to serve as a healthcare proxy for another offender.)
- **Do Not Resuscitate (DNR) Order.** A DNR order serves as the offender’s specific refusal of certain extraordinary measures that may prolong his life.

2. Guidelines

- Healthcare services staff shall encourage an offender during clinic encounters to consider advance directives while the offender is capable of making decisions **and** before the effects of illness or disease have reduced the offender’s capacity to consider the benefits, burdens, and risks of alternative treatments.
- An offender shall be provided education about his diagnosis, prognosis, care options, the consequences of choosing an advance directive, and the availability of palliative care and hospice services.
- Healthcare services staff shall provide the forms or documents needed to complete the type of advance directive the offender wants to utilize.

Terminally Ill Offenders

- The designation of terminal illness shall be assigned by the attending physician in agreement with the facility medical director **and** facility health authority, and after such diagnosis has been made utilizing medical diagnostic testing that meets community standards of care.
- An opportunity to execute advance directives shall be provided to terminally ill offenders.
- Terminally ill offenders may be transferred to facilities with infirmaries and/or end-of-life care programs.

Note: When an offender is given the designation of terminal illness, also see policy [324](#), *Release of Offenders from the Custody of the Idaho Department of Correction* **and** SOP [324.02.01.002](#), *Parole of Offenders with a Terminal Disease or Permanent Incapacitation*.

3. Compliance

Compliance with this SOP and all related IDOC-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-I-04, End-of-Life Decision Making

Policy [324](#), *Release of Offenders from the Custody of the Idaho Department of Correction*

Standard Operating Procedure [324.02.01.002](#), *Parole of Offenders with a Terminal Disease or Permanent Incapacitation*