



LOMA LINDA
UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	CLINICAL MANAGEMENT	CODE:	M-139
SUBJECT:	INFORMATION AND COUNSELING FOR TERMINAL ILLNESS	EFFECTIVE:	07/2018
		REPLACES:	07/2015
		PAGE:	1 of 2

Introduction:

The mission of Loma Linda University Medical Center is to make persons whole by addressing the physical, psychological, social and spiritual needs of patients and their families. This interdisciplinary goal continues even when a disease process is incurable. Although there are often innumerable treatments that may be provided to patients, they must also be made aware of interventions which focus on quality of life.

This policy is also in reference to the regulations by Health and Safety Code Sections §442-442.7.

Definitions: see attachment M-139.A

1. When a health care provider makes a diagnosis of a terminal illness, he/she shall have a conversation with the patient/family representative to elicit the goals and values of the patient and provide comprehensive information and counseling regarding end-of-life care options and outcomes for the patient based on those goals and values. The provider retains the right to use clinical judgment in recommending the course of care based on the patient's goals and values. This information shall include:
 - 1.1 A prognosis with and without the continuation of disease-targeted treatment
 - 1.2 The patient's right to refuse or withdraw from life-sustaining treatment (reference Policies [Code Status/Limitation of Treatment For Adults \(P-4\)](#), [Patients' Rights Regarding Advance Directives and Acceptance/ Refusal of Medical Care \(P-10\)](#), and [Code Status/Limitation of Treatment For Patients Between Birth and The Eighteenth Birthday \(P-15\)](#))
 - 1.3 The patient's right to continue to pursue disease-targeted treatment, with or without concurrent palliative care
 - 1.4 The patient's right to comprehensive pain and symptom management
 - 1.5 The patient's right to give individual health care instruction which provides the means by which a patient may provide written health care instruction, such as an advance health care directive or Physician Order for Life Sustaining Treatment (POLST), and the

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patient's right to appoint a legally recognized health care decision maker. (Reference [Patients' Rights Regarding Advance Directives and Acceptance/ Refusal of Medical Care \(P-10\)](#))

1.6 The availability of hospice care at home or in a health care setting

Note: In addition to the conversation, the information described may be provided in writing. This can include the use of brochures, fact sheets (including information in LLEAP – Clinical References), and/or web sites.

2. The information and counseling may occur over a series of meetings with the health care provider or others who may be providing the information and counseling.

2.1 If the patient requests information on the costs of treatment options, including the availability of insurance and eligibility of the patient for coverage, the patient shall be referred to the appropriate entity for that information. Reference attachment M-139.B for suggested resources.

3. The health care provider may refer the patient to private and/or public agencies and community-based organizations that specialize in end-of-life care case management and consultation (this may include hospice providers) to receive comprehensive information and counseling regarding legal end-of-life options.

3.1 A Palliative Medicine consult is recommended as a helpful patient and family resource

4. If the health care provider does not wish to comply with his or her patient's request for information on end-of-life options, the health care provider shall do both of the following:

4.1 Refer or transfer the patient to another health care provider to provide the information

4.2 Provide the patient with information on procedures to transfer to another health care provider to provide the information.

APPROVERS: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Medical Staff President and Chair of MSEC



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GUIDELINES

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Definitions

Disease-targeted treatment: Treatment directed at the underlying disease or condition that is intended to alter its natural history or progression, irrespective of whether or not a cure is a possibility.

Health care provider: An attending physician and/or surgeon, or a nurse practitioner or physician assistant practicing in accordance with standardized procedures or protocols developed by the supervising physician and/or surgeon and the nurse practitioner or physician assistant.

Hospice: a specialized form of interdisciplinary health care that is designed to alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life (usually the last six months) due to the existence of a terminal disease, and provide supportive care to the primary caregiver and the family of the patient who elects hospice.

Palliative care: Medical treatment, interdisciplinary care, or consultation provided to a patient and family members that has as its primary purpose the prevention of, or relief from, suffering and the enhancement of the quality of life, rather than treatment aimed at investigation and intervention for the purpose of cure or prolongation of life. Unlike hospice, disease-targeted treatment may be continued at the same time as palliative care.

Refusal or withdrawal of life-sustaining treatment: forgoing treatment or medical procedures that replace or support an essential bodily function, including, but not limited to, cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and any other treatment or discontinuing any or all of those treatments after they have already been implemented.



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GUIDELINES

CATEGORY:	CLINICAL MANGEMENT	CODE:	M-139.B
SUBJECT:	RESOURCES FOR FINANCIAL INFORMATION	EFFECTIVE:	07/2018
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Suggested resources for information regarding costs of treatment options:

1. Financial Counselors in LLUMC PBO, (909) 558-8613 for costs of services provided at LLUMC. Patients will be placed in the phone queue for the next available financial counselor.
2. Cancer Center, (909) 558-8613 for costs associated with treatment of cancer
3. Radiation Medicine office or Proton Therapy Office for costs of treatment in those Departments (909) 558-8635
4. Hospice providers provide consultation regarding their available services and the costs involved (A list of Hospice providers available to an individual patient can be obtained through case management)
5. Insurance company case manager/representative for the patient's policy.