


Name of Policy: <u>Against Medical Advice: Informed Refusal/ Withdrawal of Treatment or Leaving the Hospital</u> Policy Number: 3364-100-10-10 Department: Hospital Administration Medical Staff Approving Officer: Interim Executive Director & Associate Vice President Chief of Staff Responsible Agent: Interim Executive Director & Associate Vice President Scope: The University of Toledo Medical Center and its Medical Staff	 Effective Date: 11/1/2013 Initial Effective Date: 3/13/1991
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

The University of Toledo Medical Center (UTMC) recognizes that every competent adult or Legally Authorized Person has the right to make informed decisions regarding the patient’s medical care. Except for certain circumstances, a person has the prerogative to refuse or withdraw consent for treatments or diagnostic studies or to discharge themselves (the patient) from the hospital against medical advice.

(B) Purpose of Policy

To respect the right of a competent adult patient or Legally Authorized Person to make informed decisions that are against medical advice and to see that potential risks and consequences of their action are properly explained and documented.

(C) Procedure

1. A competent adult patient or Legally Authorized Person (collectively referred to as “Patient”) has the right to refuse or withdraw treatment. Issues regarding minors or potentially incompetent adults should be carefully weighed considering the risks and benefits of any particular course of action, including necessary intervention of the probate court. See Article D below for further guidance.
2. If a Patient expresses a desire to refuse or withdraw from a treatment or diagnostic study against medical advice (“AMA”) or if a Patient expresses a desire to leave the hospital AMA, the following procedure will be instituted:
 - a. Request that Patient discuss AMA decision with the physician. Notify the attending physician, house officer and nursing supervisor of the Patient's desire to refuse or withdraw treatment/studies or leave the hospital AMA. The attending physician or resident will discuss with the the reason for the AMA decision and will advise the Patient of the potential consequences of the AMA decision. Reasonable efforts should be made to address any issues presented as reasons for the AMA decision.
 - b. The discussion should be documented in the medical record and include the following:
 - (1) The Patient’s diagnosis;
 - (2) The reason for the Patient’s AMA decision;
 - (3) The benefits of following medical advice and the risks of not following;
 - (4) Discharge instructions, including notation of any follow up visits or referrals and any prescriptions that were provided, should Patient decide to leave;
 - (5) The offer for the Patient to change their mind and either receive the treatment/study or return to the hospital.
 - c. Have the Patient sign the AMA form. If the Patient refuses to sign, read the form to the Patient, make a specific notation of the Patient’s refusal to sign the form and have two witnesses sign the form as acknowledgement of the Patient’s refusal to sign.
 - d. Nursing will document in the Nursing Notes all pertinent information concerning the Patient's action. Include the Patient’s stated reasons for refusal, withdrawal or leaving, quoted verbatim.

- e. The witnessed release form is placed in the Patient's chart and if the Patient leaves AMA, discharge procedures are completed.

Enter an Incident Report into the Patient Safety Net in accordance with the Patient Safety Event Reporting Policy, 3364-100-50-39.

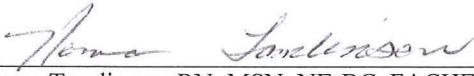

3. If a patient leaves without the knowledge of hospital staff:
 - a. Upon noticing Patient's absence, University Police will be contacted and a Code Brown (see Safety Manual Policy SM 08-004) will be called.
 - b. Nursing personnel will call contact person indicated in medical record.
 - c. If patient is not located and returned to room within two hours after the initiation of Code Brown or prior to 2300 hours, the patient will be discharged.
 - d. Thoroughly document in the Nurses notes all pertinent information and action concerning the patient's leave.
 - e. Enter an Incident Report into the Patient Safety Net in accordance with the Patient Safety Event Reporting Policy, 3364-100-50-39 within 24 hours.

(D) Competency

1. Ohio law defines an incompetent person as "any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this state." *See* Revised Code 2111.01(D).
2. Adults are presumed to be competent. Mental retardation and mental illness do not necessarily result in a finding of incompetence. Only a judge can definitively determine that an adult is incompetent.
3. In cases when competency is questionable, err on the side of caution, weighing the benefits of a patient's express wishes with the immediacy of the issue in regard to the potential for significant harm to themselves or others. Consideration should be given to the level of mental impairment, level of mental retardation or developmental disabilities (mild, severe or profound) or whether the individual appears capable of caring for the individual's activities of daily living or making decisions concerning medical treatments.

(E) Definition – Legally Authorized Person is:

1. An attorney-in-fact through a durable power of attorney for healthcare decisions; or
2. The legal guardian if patient is a minor or has been adjudged incompetent; or
3. A family member who, in good faith, can make a decision consistent with either the patient's expressed wishes or with what the patient would have wanted (e.g. determined in descending order of priority as follows:
 - a. The patient's spouse;
 - b. An adult child of the patient, or if there is more than one adult, a majority of the patient's adult children who are available within a reasonable period of time for consultation with the patient's attending physician;
 - c. The patient's parents;
 - d. An adult sibling of the patient, or if there are more than one adult sibling, a major of the patient's adult siblings who are available within a reasonable period of time for consultation with the patient's attending physician;
 - e. The nearest adult who is not described in this section who is related to the patient by blood or adoption, and who is available within a reasonable period of time for such consultation.

<p>Approved by:</p> <p> _____ Norma Tomlinson, RN, MSN, NE-BC, FACHE Interim Executive Director, UTMC & Associate Vice President</p> <p> _____ Kristopher Brickman, MD Chief of Staff</p> <p><i>Review/Revision Completed By:</i> HAS Chief of Staff Office of Legal Affairs – HSC</p>	<p>Review/Revision Date:</p> <p>3/13/91 10/13/93 9/11/96 7/14/99 4/10/02 11/10/04 11/25/09 11/1/13</p>
	<p>Next Review Date: 11/1/2016</p>
<p>Policies Superseded by This Policy: 3364-100-10-05</p>	



THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

AGAINST MEDICAL ADVICE PATIENT ACKNOWLEDGEMENT

Patient Label

LEAVING HOSPITAL

I, _____ (*print patient name*), insist on leaving and being discharged from the hospital, which is against the advice of my attending physician(s). I realize that I will be permitted to return to The University of Toledo Medical Center to continue my treatment or the procedure if I change my mind.

REFUSING OR WITHDRAWING FROM TREATMENT OR TESTS

I, _____ (*print patient name*), insist on not having or withdrawing the following treatment(s) or procedure(s), which is against the advice of my attending physician(s):

I realize that I can discuss continuing this treatment and/or test procedure(s) with my attending physician(s) if I change my mind.

The risks to me for not following the advice of my attending physician(s) include, but are not limited to:

I have been given the opportunity to ask questions I may have regarding the treatment/procedure I am refusing. I understand that the party responsible for paying for the hospital stay and doctor bills may not cover these expenses if I do not follow the medical advice of my physicians. If my insurance company or other parties refuse to pay because I left/did not follow medical advice, I realize I will be responsible for my unpaid bills.

I accept the risks and consequences of my decision and release all health care providers including physicians, The University of Toledo Medical Center, and its staff from any liability that may result from not following the medical advice of my attending physician(s).

Date: _____ Time: _____

Patient Signature: _____ Print Name: _____

Legally Authorized Person Signature: _____ Print Name: _____

Physician Signature: _____ Print Name: _____

Witness Signature: _____ Print Name: _____

Witness Signature: _____ Print Name: _____

Attachment to Policy #3364-100-10-10 and Policy # 3364-100-53-24

