

1250-B HOSPICE

REVISION DATE: 7/3/2015, 9/15/2014

EFFECTIVE DATE: June 30, 1994

Service Description and Goals (Hospice)

Hospice services significantly impacts members/families served by the Division who are in the process of making end of life decisions. The Division is determined to ensure that the existence of a member's disability bears no influence on end of life decisions and is committed to protect the best interest of people with developmental disabilities.

The Division is also determined to ensure that the decision to provide life-sustaining treatment to members is determined by using the same standards of judgment used to assess the same decisions regarding persons without developmental disabilities.

The Division is opposed to decision-making to hasten death due to the perception that people with developmental disabilities have a "low quality of life" and believes that the lives of all people are valuable. As a result, the Division is committed to helping members obtain the best care possible. The Division also believes that treatment should be conducted in accordance with the member's wishes or what is understood to best represent the member's best interests.

Situations may arise where the burden of medical treatment outweighs the benefit to the member. The Division is aware of situations where members, families, and health care providers weigh the benefits of care when there is no hope for improved health and the prolonging of life no longer benefits the "patient."

The Division discourages the removal of life sustaining devices. If the member, surrogate, and medical experts determine that life sustaining devices are not in the member's best interest, they may determine other options. A member's disability should not be a determining factor when considering whether or not to remove life sustaining devices.

First, treatment that provides no discomfort and alleviates pain may be continued. Next, treatment that needlessly prolongs suffering may be eliminated while maintaining those devices that allow for comfort and rest. Finally, all life sustaining devices may be removed in an effort to allow the progression of natural events to take place, unless the cessation of certain devices would cause pain and discomfort.

Division staff confronted with end of life situations shall do the following:

- A. Share the Division's perspective on the lives of members;
- B. Emphasize that the member's disabilities should not influence medical decisions;
- C. Encourage cooperation, and open communication to determine the member's best interest with family members, surrogate decision makers, and health care providers;
and,

- D. When a member has an advanced directive, durable power of attorney, health care directive power of attorney, or any such legal document, the Division respects the member's lawful wishes as specified in the legal document.
- E. If there is no such legal document providing guidance in end of life situations the following need to be considered:
1. The member's ability to participate in the activities and functions that provide pleasure and value to their lives;
 2. The member's health condition;
 3. The benefit of treatment;
 4. Treatment options; and,
 5. The members best interest.

Hospice services are provided to Arizona Long Term Care System (ALTCS) members who meet medical criteria/requirements and are not based on a person's disability. Hospice services provide palliative and support care for terminally ill members and their family or caregivers. Hospice services provide health care and emotional support for terminally ill members and their families/caregivers during the final stages of life.