

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION - HEALTH SERVICES DIVISION
103 DOC 621
DO NOT RESUSCITATE (DNR) ORDERS

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MASSACHUSETTS DEPARTMENT OF CORRECTION	Health Service Division
Do Not Resuscitate (DNR) Orders	103 DOC 621

PURPOSE: To establish Department of Correction ("Department") policy concerning informed end of life decisions and the appropriate use of Do Not Resuscitate Orders for inmates with terminal medical conditions.

REFERENCES: M.G.L. c.
NCCHC P-I-04

APPLICABILITY: **PUBLIC ACCESS:** Yes

LOCATION: Department Central Policy File
Each Institution's Policy File

RESPONSIBLE STAFF FOR IMPLEMENTING AND MONITORING OF POLICY:

- Commissioner
- Deputy Commissioner of Classification, Programs and Reentry Services
- Assistant Deputy Commissioner of Clinical Services
- Superintendents

EFFECTIVE DATE: 11/26/2015

CANCELLATION: 103 DOC 621 cancels all previous Department policies, statements, bulletins, directives, orders, notices, rules or regulations regarding the Department's philosophy and goals, which are inconsistent with this policy.

SEVERABILITY: If any part of 103 DOC 621 is for any reason held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.

621.01 **Policy Statement**

The Massachusetts Department of Correction is dedicated to treating inmates humanely and in accordance with community standards of end of life care. The Department shall provide resuscitative measures as deemed medically necessary, except when any competent inmate has requested and completed a Do Not Resuscitate (DNR) Order after the diagnosis of a terminal condition and consultation with the treating physician. The DNR Order shall be included in the inmate's medical record. A DNR Order shall be consistent with sound medical practice and shall not in any way be associated with assisting suicide, voluntary euthanasia, or expediting the death of an inmate.

621.02 **Definitions**

Do Not Resuscitate (DNR) Order - A written order which authorizes medical personnel to withhold cardiopulmonary resuscitation, including artificial respiration and defibrillation, from a particular inmate in the event of cardiac or respiratory arrest. Such an order does not authorize the withholding of other medical interventions such as intravenous fluids, oxygen, or other therapies deemed necessary to provide appropriate therapeutic or palliative care.

Informed Consent - The agreement by a patient inmate to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequences, risks and alternatives concerning the proposed treatment, examination or procedure.

Terminal Condition - a condition caused by injury, disease or illness from which, to a reasonable degree of medical probability, there can be no recovery and death is impending or imminent (death can be expected within one year).
(P-I-04 NCCHC)

Competent Patient - a patient who has capacity, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a medical treatment decision, including the significant benefits and harms of the decision, and the reasonable alternatives to the proposed decision.

621.03 **Establishing a Do Not Resuscitate (DNR) Order for Terminally Ill inmates**

A DNR Order may be entered by the physician for a competent patient under the following circumstances:

- A. The inmate is suffering from a terminal condition that has been identified and confirmed by two physicians.
- B. The inmate must be provided with written documentation of the terminal nature of the condition.
- C. The inmate and physician shall engage in a thorough discussion about the nature of the inmate's underlying terminal condition/illness, current health status, available treatment options and probable outcomes.
- D. The option of a DNR Order will be discussed, including the foreseeable risks and benefits of CPR, and the consequences of a DNR order. The physician should discuss other medical interventions deemed medically necessary to provide comfort care or to alleviate pain.
- E. The inmate will be able to demonstrate sufficient understanding of the consequences of withholding Cardiopulmonary Resuscitation, as well as reasonable alternatives to such an order.
- F. The terminally ill inmate and the physician will complete and sign the DNR form. The document will be witnessed by two staff persons, over the age of 18. A currently incarcerated offender may NOT act as a witness. The original DNR form will be maintained in the medical record.

621.04

Documentation for a Terminal Case

- A. A DNR Order shall be entered in writing in the inmate's medical record by the responsible physician who participates in the DNR decision making process. In addition, the physician must write a progress note to the effect that cardiopulmonary resuscitation will not be initiated. The entry in the progress note shall state:
 - 1. Diagnosis; nature of inmate's illness; and identification of two confirming physicians.
 - 2. Prognosis; risks and benefits of the proposed treatment plan and alternatives.
 - 3. Explanation of the circumstances and basis for the DNR decision including a clinical evaluation of the patient's capacity to make informed decisions about end of life care.
 - 4. Consensual decisions and recommendations of the medical staff and consultants.
- B. The original, validly executed DNR form will be placed in Section 2 of the inmate's medical record in an easily identifiable manner so that all healthcare staff are aware of the inmate's decision. It is recommended that the DNR be placed in a plastic cover, and a DNR sticker be affixed to the front cover of the medical record.
- C. Should a terminally ill inmate be transferred to another correctional facility, the original DNR Order should be forwarded in the medical record. In the case of a transfer to an outside medical facility, the DNR Order should be placed in an envelope and sent with the Mittimus, and a copy should accompany the inmate so that

the attending physician is aware of the patient's order.

621.05 **Duration of a DNR Order**

DNR Orders will be discussed and reviewed with the inmate periodically and renewed or changed to reflect the decision of the inmate. If there are any changes requested, a new DNR form will be executed.

DNR Orders may be revoked by the inmate at anytime. The inmate may verbally request CPR or other resuscitation measures and void his or her signed DNR Order. At the time of withdrawal of the order, the original order will be immediately removed from the medical record, and medical staff will be informed of the change. A progress note citing the revocation will also be included in the medical chart.

A DNR Order completed in an emergency situation outside of a Department of Correction facility shall not be honored once the emergency situation resolves and the inmate returns to a Department of Correction facility. If a DNR Order is deemed medically appropriate at that time, establishing a DNR Order per 103 DOC 652.03 will commence.

621.06 **Training Regarding DNR Orders**

The contracted medical provider will provide an educational program to all members of the medical and nursing staff outlining the rights of terminally ill inmates to refuse resuscitation in the case of cardiac or respiratory arrest. The training should include the policy of initiation and continuation of a DNR order, as well as the ability to revoke said order at any time. Training specific to the documentation of a DNR order should be provided to primary care providers with whom inmates will make such a determination.

621.07

Security

Each Superintendent shall be made aware of the inmate's completed and valid DNR Order. Superintendents may request a DOC Health Services Division review of the DNR Order if s/he believes that it will jeopardize institutional security.

Department of Correction personnel and contracted medical providers who comply with a DNR Order are not subject to any criminal or civil liability for actions taken reasonably and in good faith in conjunction with compliance. Conversely, Department of Correctional personnel who determine for security reasons in a code response to utilize CPR due to safety concerns and/or institutional climate may disregard the order due to objections of others at the scene that make physical confrontation likely.