



Policy  <b>DISCHARGE AGAINST MEDICAL ADVICE</b>	Policy Number: <b>0186</b>
	Effective Date: <b>September 15, 2009</b>
Approved By: Management	Date Revised: <b>April 07, 2010</b>
Classification: Delivery of Care to Residents and Families	Page No: <b>Page 1 of 3</b>

## **POLICY**

Agapé Hospice provides unconditional love and acceptance to individuals in need of end of life care. Residents and families are assured of dignity, respect and hope while receiving individualized physical, social, emotional and spiritual care. Agapé Hospice recognizes that residents have the right to make choices concerning their care, including leaving the care of Agapé Hospice contrary to medical advice given.

As professionals, Agapé Hospice staff has the responsibility to ensure that the resident and/or family/health advocate make an informed decision. The interdisciplinary team will discuss the resident's care needs, the risks and consequences of leaving Agapé Hospice, and possible alternatives with the resident and/or family/health advocate. When possible, Agapé Hospice staff, to the best of their ability, will facilitate the arrangement of the care, equipment and education required to ensure that the resident continues to receive the necessary care after leaving Agapé Hospice.

## **PROCEDURE**

1. If a resident and/or family member/health advocate express the wish to leave the care of Agapé Hospice, the RN is to immediately notify the Director of Resident Care (or designate) and Social Work during business hours, the Manager on Call after hours, and the attending Physician (or designate).
2. The resident should be requested to remain at Agapé Hospice until the appropriate interdisciplinary team members have spoken to the resident and/or family/health advocate.

**NOTE:**

*If the Resident and/or family/health advocate refuses to wait until seen by the attending Physician and/or interdisciplinary team members, the RN should have the Resident and/or family/health advocate sign the Release of Responsibility form and notify the attending Physician (or designate), the Director of Resident Care or the Manager on Call. The RN should document the interaction with the Resident and/or family/health advocate in the Resident's health record.*

3. An interdisciplinary team meeting will be arranged with the resident and/or family/health advocate to discuss the resident's care needs, possible risks and consequences of leaving the care of Agapé Hospice, as well as, possible alternatives.



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4. If the Resident and/or family/health advocate decide to leave Agapé Hospice contrary to medical advice given, a Release of Responsibility form will be signed. In a circumstance where the resident and/or family/health advocate refuses to sign the Release of Responsibility form, the attending Physician or designate should read the form to the resident and/or family/health advocate, and document their refusal to sign the form.
5. Agapé Hospice staff, to the best of their ability, will assist with arranging care needs/services, equipment and education required by the Resident and/or family/health advocate. To assist with ongoing pain and symptom control the RN will provide an up-to-date medication list and schedule as well as return all medications to the Resident and/or family/health advocate.
6. It is the responsibility of the Resident and/or family/health advocate to make transportation and payment arrangements for the resident's transfer from Agapé Hospice.
7. Documentation of the family meeting should be recorded in the resident's health record. Documentation should include:
  - 7.1. Who attended the meeting;
  - 7.2. Resident's and/or family/health advocate's wish to leave Agapé Hospice;
  - 7.3. Care needs, possible risks and consequences discussed;
  - 7.4. Possible alternatives discussed;
  - 7.5. Final decision made by the resident and/or family/health advocate;
  - 7.6. Signature of Release of Responsibility form (or the refusal to sign);
  - 7.7. Any arrangements made for the transition of care.
8. The signed Release of Responsibility form is to be filed on the resident's health record.

## **ATTACHMENTS**

Release of Responsibility form

## **REFERENCES**

Alberta Health Services, Calgary Health Region – Patient Discharge, Reference number 1426

Alberta Health Services, Calgary Health Region – Release from Responsibility form  
University of New Mexico Health Sciences Center – Patients Who Leave the Hospital Against Medical Advice/Without Being Discharges/Missing



## RELEASE OF RESPONSIBILITY

I, the undersigned, acknowledge that I have been informed of the risk involved for the person of \_\_\_\_\_, and hereby accept full responsibility  
Name of Resident  
for risk or ill effects which may result from leaving the care of Agapé Hospice contrary to medical advice given.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature of person refusing)

\_\_\_\_\_  
(Signature of Agapé Hospice representative)

\_\_\_\_\_  
(Printed name of person refusing)

\_\_\_\_\_  
(Printed name of Agapé Hospice representative)