MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS F-07.0 CARE FOR THE TERMINALLY ILL**
Effective Date:	11/01/2010 Page 1 of 3
Revision Date(s):	12/31/2019; 06/30/2026
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I. PURPOSE

Provide care for offenders who are terminally ill by protecting their right for end-of-life decision making, including the opportunity to execute advance directives and do-not-resuscitate orders and appoint health care proxies.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Advance Directives

1. Advance directives, including Provider Orders for Life-Sustaining Treatments (POLSTs), health care proxies, and "do not resuscitate" (DNR) orders are available when medically appropriate.
2. An advance directive can be requested by any inmate regardless of health status.
3. The most up-to-date version of the *Montana POLST* form will be utilized for patients wishing to sign an advanced directive.
   a. Health care staff will provide the document needed to complete the advanced directive and will ensure appropriate education regarding the meaning of each choice is understood prior to the inmate signing the advance directive.
   b. All education will be documented in the patient's medical record.
4. Advance directives are dynamic documents and may be changed, updated, or voided by the inmate at any time upon request.
   a. Changes will always include appropriate, documented education from qualified health care staff.
5. The original or updated *POLST* or any other version of an advanced directive will be dated, timed, signed, and scanned into the patient's Electronic Health Record (EHR).
   a. The original paper form will be retained by medical records staff for the necessary time frame per current Montana law.
6. Documentation on advanced directives will include how the patient's competence to make their decisions was evaluated.
7. Health care staff and other inmates cannot serve as health care proxies for inmate patients.

8. Before the *POLST* or any other advance directive is utilized as the basis for withdrawing or withholding care, there will be a review of the patient's care and prognosis by a provider not directly involved with the course of care of that patient.

B. Palliative Care

1. Patients become eligible for palliative care when they are diagnosed with a terminal disease and have a prognosis measured in months rather than years.

2. The treating provider will discuss the diagnosis, prognosis, and treatment options with the patient which will include palliative care.
   a. Palliative care includes encouraging the patient to come to terms with their physical, mental, spiritual, and emotional capacity, while providing a safe, pain-controlled, and comfortable environment.
   b. All discussions with the patient and education provided should be documented in the patient's EHR.

3. Enrollment into palliative care will be at the discretion of the terminally ill patient and includes adequate patient education for an informed choice.
   a. When the patient is incapacitated, palliative care will automatically be initiated.

4. Patients diagnosed with terminal illnesses who choose not to participate in palliative care will be provided with care respectful of physical, emotional, and spiritual needs specific to the end of life.

5. Patients indicated for palliative care will be discussed at special needs to create a care plan for the patient as needed.
   a. Discussion should include notification of patient needs and health care status to other health care service staff, religious services staff, mental health staff, and security staff, and when appropriate, inmate workers providing assistance to offender.
   b. The palliative care plan should include:
      1) the desired goals and outcomes;
      2) the patient's problems, issues, and/or needs;
      3) the frequency and type of services to be provided;
      4) necessary pharmaceuticals;
      5) any medical equipment to be provided; and
      6) as security allows, attention to language, culture, religion, and as much as possible inmate relationships with family, friends, and other inmates.

6. Inmate workers providing services related to palliative care will be properly trained and supervised by infirmary staff.
   a. Upon written request, inmate workers who provide assistance for terminal patients will be provided opportunities for support through the religious activities center and mental health.

7. Visits from family to terminally ill patients in the infirmary will be coordinated by Prison Base and health services staff in accordance with *MSP 3.3.8 Inmate Visiting*.
   a. Any variation from this will be at the Warden's discretion.

8. Consideration of placement for inmates with advanced care needs or monitoring will be reviewed as needed for placement in the geriatric unit at MSP.

9. Requests for medical parole for those patients diagnosed with a terminal illness will be processed in a timely and efficient manner pursuant to *DOC 4.6.7 Medical Parole*.

10. Support will be available to all staff involved in providing care to terminally ill inmates in accordance with *MSP 3.2.16 Post Trauma Response,* including critical incident stress debriefing as needed.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *DOC 4.6.7 Medical Parole; MSP 3.2.16 Post Trauma Response; MSP 3.3.8 Inmate Visiting*
B. *Montana POLST*
C. *NCCHC Standard P-F-07, 2018*