

**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION**

Policy No. I.E.PO.007

Subject: End-of-Life Decisions

Section: Health and Safety

Issue Date: May 26, 2004

Effective Date: upon release

A. Policy Statement

The Department of Mental Retardation recognizes the rights of individuals to make decisions about their health care including end-of-life decisions as do all Connecticut citizens. End-of-life decisions include: advance directives, do not resuscitate orders and withholding and/or withdrawing life support.

Individuals' rights to make end-of -life decisions were delineated in the 1990 Federal Self-Determination Act and implemented in Connecticut in a December 1, 1991 memorandum from Connecticut's Attorney General (see attached). This act defined patient's rights to make decisions about their health care and their right to formulate advance directives. The act also mandated health facilities to develop written policies on how to implement such patient rights, and ruled that the provision of care must not be conditioned on the formulation of advance directives, including Do Not Resuscitate (DNR) orders.

Advance directives are prepared before any condition occurs which prevents the person's participation in decision-making. Advanced directives recognized in Connecticut are:

1. Living Wills
2. Health Care Agent
3. Durable Power of Attorney for Health Care Decisions

The process and applicability of *advance directives* for individuals served by the department are delineated in DMR Procedure I.D.PR.007a, Advance Directives.

A Do Not Resuscitate (DNR) order may be instituted to withhold cardiopulmonary resuscitation after respiration and cardiac function have ceased, as a natural progression of the dying process. A DNR order may be instituted for an individual who is terminally ill when the physician has determined that:

1. resuscitation would be of no benefit because the natural course of the individual's medical condition would result imminently in death
2. the institution of resuscitative measures, if successful, would only postpone the moment of death for a brief period and
3. resuscitation would not be in the best interest of the individual.

A "do not resuscitate" order may be compatible with maximal therapeutic efforts, short of resuscitation or may be accompanied by further orders that limit or withhold other identified medical interventions. These decisions shall be based on the specific needs of the individual and shall meet the criteria detailed in DMR Procedure No. I.E.PR.007c, Withholding Cardiopulmonary Resuscitation.

Decisions to withdraw and/or withhold life support may be appropriate for individuals with a terminal diagnosis. These decisions shall be based on the specific needs of the individual and shall be reviewed by the department as delineated in DMR Procedure No. I.D.PR.007b, Withholding and/or Withdrawing Medical Treatment.

Neither the commissioner nor any employee of the Department of Mental Retardation has the legal authority to give consent for or to rescind a "do not resuscitate" order or any other end-of-life decision for any individual. Consent must be obtained from the individual, individual's family, guardian or conservator of person.

The department's role is to assure that neither the individual's retardation nor level of retardation prior to his or her medical difficulty is considered in the decision to issue a "do not resuscitate" order and/or other end-of-life decisions and to otherwise prevent discrimination on the basis of mental retardation in the delivery of medical services and medical decision making.

B. Applicability

This procedure shall apply to all individuals for whom the department bears direct or oversight responsibility for medical care. This includes people living in programs operated, licensed, and/or funded by the department, including non-Connecticut residents living in such facilities. It also applies to people receiving supported living services, receiving respite services in DMR-operated or -funded facilities, and people living in facilities licensed by the Department of Public Health if the department was involved with the placement decision.

This procedure also applies to non-Connecticut residents who receive services in DMR-operated, -funded and/or -licensed facilities or programs.

Staff from public and private sector shall adhere to this policy.

C. References

Statutes

Federal

1990 Federal Self-Determination Act

State

CGS 17a-238, Rights of Persons with Mental Retardation

CGS 19a-469

CGS 19a-575, Living Wills

CGS 19a-576, Health Care Agent

CGS 19a-580 (d), Transfer of DNR Orders

CGS 45a-562, 1-43, 1-5a, Durable Power of Attorney for Health Care Decisions

Rules, Regulations and Policy – External

19a-580d-1, et. Seq., Transfer of DNR Orders

Rules, Regulations and Policy or Instructions – DMR

DMR I.F.PO.001, [Abuse and Neglect Prevention](#)

DMR I.F.PR.001- [Abuse and Neglect Prevention, Reporting, Notification, Investigation, Resolution and Follow-up](#)

DMR I.E.PR.007a, [Advance Directives \(Living Wills\)](#)

DMR I.E.PR.007b, [Withholding or Withdrawing Medical Treatment](#)

DMR I.E.PR.007c, [Withholding Cardiopulmonary Resuscitation](#)

Case Management Procedures

Client Rights