1.0 Purpose

This policy shall be established to provide guidelines in avoiding unnecessary harm and/or injury while upholding human interests and the good of human society.

2.0 Scope

This policy shall involve all CLMMRH Healthcare providers, including priests and psychologists.

3.0 References

N/A

4.0 Definition of Terms

Terms	Definition
Bioethics	Is the study of moral issues in the fields of biology and health. It is a field of self-investigation and enlightened self-interest, and it therefore provides a foundation for a meaningful human life.
Informed Consent	It is a written document/ process of getting consent by giving information, signed by the patient and/or relative stipulating that he/she has been given sufficient information regarding a procedure or treatment.
Abortion	Is defined as the termination of pregnancy before the age of fetal viability, Or fetal weight 500 grams and below, 20 weeks AOG and below.
Spontaneous abortion	Is non-induced embryonic or fetal death or passage of products of conception before 20 week gestation.
Criminal abortion	Termination of pregnancy in violation of law.
Euthanasia	Is defined as the deliberate and painless acceleration of death of a person usually suffering from an incurable and distressing disease.
Palliative Care / End of Life Care	Includes giving of pain medication to and alternative surgical procedures to terminally ill patient until the patient dies a natural course of the disease, and preparing patients/ family for the bereavement process, including doctors, nurses, priests and psychologists.

Dysthanasia	Is the attempt to unnecessarily prolong the life of a person who is dying by the use of extraordinary methods or treatments. Methods or treatments maybe considered extraordinary if they are experimental or if patients could hardly afford them. They include volume respirators, repeated cardiac stimulation, artificial feeding, repeated or continuous dialysis, continuous administration of drugs to maintain blood pressure and the like.
Substituted Judgment	A decision made by a surrogate decision maker in cases where the patient had prior mental capacity and now is mentally incapacitated but whose decision are known or can be known.
Best Interest	Is the standard of substituted judgment when the decision of the patient in not known or could not be made known.
Advance Directives	Legal documents that contain instructions on medical care in case of incapacitation.
Natural Death Acts	Affirms a person's right to make decisions regarding terminal care and provide directions on how it is to be affected after loss of decision making. It may include withholding/ withdrawing treatment / care that lead to natural death.
Hospice Care	Patient centered holistic care focusing on quality of life and extending support to family and care providers.
Palliative Care	Is total active care of patients whose disease is not responsive to curative treatment to achieve the best quality of life until they die. It includes the control of pain and other symptoms, psychological, social and spiritual support for the patient and the family. It may be initiated early in the course of the disease.
Durable Power of Attorney	In health care, it authorizes the patient to name the person (s) who shall be the surrogate decision maker for the patient.
Living Will	An informal document that instructs the physician on acceptable or unacceptable modes of terminal care.
Competent Refusal	Refers to refusal of treatment, refusal based on unusual belief, enigmatic refusal or refusal of information.

Medical Futility	Is the decision to forgo medical intervention when the intervention is incapable of achieving the desired goals in moribund patients who are terminally ill, When prolongation of treatment will not reverse the course of the disease but merely postpone death causing superfluous pain and suffering to the patient.
Proportionate Care	When the intervention is not too burdensome to the patient in relation to the benefits involved, it should offer reasonable hope of benefit that can be obtained without excessive expense, pain or inconveniences.
Ethical Consult	Is a structured approach to ethical questions in clinical medicine. Central to the practical application of clinical ethics is the ability to identify and analyze an ethical question and to reach a reasonable conclusion and recommendation for action.

5.0 Responsibilities

Designate	Responsibilities
Hospital Ethics Committee	It is the responsibility of the HEC to make policies regarding ethical issues that affect patient care and clinical decision making.

6.0 Policies

6.1 Patients are admitted and treated at CLMMRH regardless of race, creed, religion or political affiliations.

6.2 CLMMRH recognizes the sanctity of life and will therefore not allow unwarranted destruction of life.

6.3 Spontaneous abortion – CLMMRH is obliged to treat such cases to save the life of the mother.

6.4 Criminal abortion – the hospital is responsible to provide care and treatment to save the life of mother, proper documentation and seek legal guidance.

6.5 CLMMRH will not allow euthanasia in the hospital.

6.6 The hospital shall allow dysthanasia after an ethical consult has been made and only under certain circumstances.

6.6.1 In emergency cases until after the attending physician has fully evaluated the patient's condition.

6.6.2 If after thorough investigation, the physician believes that the patient will recover, then the treatment shall continue. If, however, the physician feels that the extraordinary treatment will only sustain signs of life on an already brain dead patient, then it is the responsibility of the attending physician to discuss it with the family of the patient and properly document and seek legal guidance.

6.6.3 If after a thorough discussion, the family still decides to continue treatment at all cost, then the hospital is obliged to continue treatment, provided that the physician shall continue to dialogue with the family and refer to Hospice care and / or Palliative care team and start the bereavement process. Referral may be made to Pastoral Care for care of the dying.

6.6.4 If the family decides to terminate treatment, the following procedures shall be followed:

a. An informed consent shall be signed by appropriate signatories.
b. The attending physician discusses with the family the circumstances and family identifies family member who will remove the devices attached to the patient in the patient's room.
c. Non-extraordinary treatment methods may be continued if the family decides to bring the patient home while still alive; the policy on refusal to treatment/discharge against medical advice shall be followed.

6.7 CLMMRH respects the right of patients to confidentiality of information revealed to medical personnel. As provided in the Code of Medical Ethics, a physician is not authorized to divulge any information gathered from a patient during a physician-patient relationship or about what the physician perceives or observes in the patient to a third party who has no concern with the interest or welfare of the patient. Such information therefore shall be treated as confidential between the patient and the physician.

6.8 Residents, interns, nurses and other hospital personnel who may have access to any information are not authorized to divulge such information to a third party. If there are inquiries, they shall refer the matter to the attending physician.

6.8.1 In any circumstance that hospital personnel overhears confidential information being divulged by any hospital personnel to a third party, he / she may call a Code Pink and may stop them at any given time.

6.8.2 Physicians, nurses and other hospital personnel shall not make any comment concerning inadequacies, errors or mistakes made by anyone in front of patients or relatives and visitors. Likewise, proceedings during conferences and discussions shall be limited to the conference room only.

6.9 The hospital Records Section is the custodian of patient's records. It is not allowed to release any information nor part of it or all of the patient's charts to anybody unless there is authority from both the patient and the attending physician.

6.10 The law protects the confidentiality of information in the course of a physician-patient relationship. It is not applicable in the following instances:

6.10.1 When such disclosure is necessary to serve the best interest of justice. The hospital is obliged to report to the proper authorities the treatment of physical injuries and those maltreated or abused children/patients.

6.10.2 When such disclosure will serve public health and safety. The hospital is obliged to report to the proper DOH authorities the treatment of highly contagious or communicable disease.

6.10.3 When patients waive their right to such confidentiality.

6.10.4 If patients do not disclose that they are HIV positive and in the course of treatment are found to have such refer to 6.10.1

6.11 CLMMRH, being an accredited training hospital in the major departments, encourages research among its medical and paramedical staff in an effort to advance the practice of medicine. In cases of research involving human subjects, the following guidelines shall be observed:

6.11.1 The clinical research must conform to the moral and scientific principles that justify the research.

6.11.2 Clinical research shall be conducted or at least supervised by scientifically qualified persons who have undergone ICH GCP Training.

6.11.3 A new drug, diagnostic or therapeutic procedure must have been well tested in animals and there must have enough literature review as basis before it is tested on patients participating in research.

6.11.4 The importance of the benefit of the research must be in proportion to the risks that may be harmful to the patient participating in the research.

6.11.5 Informed consent must be obtained from all patients participating in research.

6.11.6 The patient research participant shall be free to terminate his participation the research at any point and for whatever reason.

6.11.7 All research involving humans as participants must first obtain the approval of the CLMMRH Research Ethics Review Committee (RERC) before proceeding with the research. All research data and results are invalid if no approval has been given by the RERC.

6.11.8 Results of such clinical research shall be made known to the public in a paper presentation or through an appropriate medical journal after confidentiality issues have been taken up in the consent and resolved.

6.12 Attending physicians are obliged to refer problems of patients not within their capabilities to other physicians/specialists for the good of the patients. If possible, problematic cases shall be discussed in a conference with the presence of other physicians/specialists before further management is instituted.

6.12.1 In cases of pregnant patients with other medical or surgical complication, the department of OB-GYNE admits the case for co-management to pertinent specialties.

6.12.2 For pregnant patients with orthopedic conditions they are admitted to the orthopedic ward and co-managed by both departments.

6.13 Newborns who are abandoned by their parents in the nursery shall be taken care of by the nursery staff while the hospital coordinates with the DSWD on proper disposition of the newborn.

6.14 CLMMRH being a secular hospital and under the DOH implements the Reproductive Health bill (RH), all methods of family planning are encouraged.

6.15 CLMMRH recognizes the sanctity of the dead and shall therefore respect the human body even in death at all times.

6.16 **DO NOT RESUCITATE** (DNR) directives must be renewed for each admission and the staff should be informed of such directives

6.17 For advance directives or living wills. A photocopy of the original document should be presented on each admission.

7.0 Provision of amendment

This policy shall be amended anytime whenever necessary.

Prepared by/Date:	Approved by/Date:
Evelyn R. Lacson, MD **Chair, HEC**	**Julius M. Drilon, MD** **MCC**