PURPOSE: To respect the right of a patient with capacity to make informed decisions that are against medical advice.

POLICY: A patient with capacity has the right to make an informed refusal of treatment or diagnostic studies and to leave the health center even if contrary to medical recommendations. In some cases, an authorized representative may refuse treatment on behalf of a patient without capacity.

PROCEDURES:
1. Inform the attending provider or Doctor on Duty if a patient or the patient’s authorized representative expresses a desire to refuse treatment or diagnostic study, or to leave the health center against medical advice.
   1.1. The provider will document whether or not the patient has capacity by determining the patient can (a) understand information about the treatment or procedure and the alternatives; (b) appreciate the nature and the significance of the decision the patient is being asked to make; (c) weigh the risks and benefits of the proposed treatment, the alternatives, and no treatment; and (d) make a choice and express it. If the patient does not have capacity then the authorized representative should be consulted.
   1.2. The provider will discuss the reason for the AMA decision and will advise the patient of the potential risks and consequences of the AMA decision.
   1.3. The discussion should be documented in the medical record. The disclosure and documentation should include the following:
   • The patient’s medical condition
   • The reason for the patient’s AMA decision
   • The benefits of following medical advice, the treatment options, and the risks for refusal
   • Disposition instructions, including any follow up visits, referrals and any prescriptions that where provided, should the patient decide to leave AMA
   • Patient offered the right to change their mind and either receive the treatment, diagnostic study, or prescription.
   1.4. Have the patient sign the “Leaving Watkins Health Services (WHS) AMA” form (AD-104-1). If the patient refuses to sign, read the form to the patient, in front of two witnesses who will sign the form acknowledging the patient’s refusal to sign.
2. Complete the Notices of Event or Complaint form, AD-101-1.
3. If the provider suspects that the patient is likely to cause harm to self or others, 911 &/or KU Public Safety should be called.

REFERENCES:

This document is on file with the KU Policy Library.