I. PURPOSE

The purpose of this policy is to support end-of-life care programs for inmates who are diagnosed with a terminal illness and/or a prognosis of less than 12 months.

II. POLICY

A. The Oregon Department of Corrections (ODOC) recognizes that dying is part of the normal process of living and that inmates who are in the last stages of a terminal illness often will require a special kind of care. ODOC therefore supports a hospice-like approach to end-of-life care in which the physical, social, spiritual and emotional needs of dying inmates are addressed. The desired outcomes of end-of-life care are: safe and comfortable dying, self-determined life closure and effective grieving. End-of-life care affirms life and neither hastens nor postpones death.

B. When an inmate is diagnosed with a terminal illness, the treating provider will discuss with the inmate end-of-life treatment options. End-of-life care occurs in a continuum. Initial supportive care may begin at any facility. More formal end-of-life care will be available in an infirmary environment.

C. An interdisciplinary team (IDT), consisting of institutional staff, health care professionals, patients and their families, and inmate hospice volunteers may assist in planning and providing end-of-life care. Members of the end-of-life interdisciplinary care team may include but are not limited to the following groups:

- Health Services
  - Physician
  - Health Services manager or designee
  - CTS professional
- Institution
  - Administration
  - Security
  - Food Services
  - Transitional Services
- Religious Services
  - Inmate family
- Inmate hospice volunteer.
D. Information/training about end-of-life care will be provided to all ODOC staff as needed.

E. A statewide end-of-life care work group with representation from various facilities and sections will provide assistance to institutions in facilitating end-of-life program development.

III. IMPLEMENTATION

Functional units may write an operational procedure to carry out the provisions of this policy that are specifically applicable to the functional unit.