



**DEPARTMENT OF CORRECTIONS
Programs**



Title:	End-Of-Life Care	DOC Policy: 90.1.2
Effective:	12/1/06	Supercedes: N/A
Applicability: All staff working inside institutions		
Directives Cross-Reference: None		
Attachments: None		

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.