



OREGON DEPARTMENT OF
Human Services

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Withdrawal of Life-Sustaining Procedures

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STATUTE OR 127.635

- During the 2018 Regular Legislative Session, OR 127.635 was added to the Oregon Powers of Attorney Section of Law - https://oregon.public.law/statutes/ors_127.635
- This section of statute was designed to assist those consumers who have no decision makers and are incapable of making decisions due to the following conditions:
 - A terminal condition
 - Permanently unconscious
 - A condition to which administration of life-sustaining procedures would not benefit and could cause permanent or severe pain
 - Advanced stage of progressive illness where the consumer is unable to communicate needs, eat, drink, care for self, and unable to recognize family or others, and the consumer will unlikely improve

APD's Role in Statute

- If the consumer meets the previous noted conditions, and there is no appointed healthcare representative, guardian, spouse, majority adult, adult sibling, adult relative/friend, or adult child:
 - Then the life sustaining procedures may be withheld or withdrawn upon direction of attending physician
- If the consumer has an APD representative, then the physician's team needs to consult with that APD representative, to gather:
 - Any information that the APD representative may have or know of, regarding what the consumers' principles, values, beliefs, and preferences

APD Scenario

- On May 2018, an APD consumer was transitioned from OSH into a Washington County AFH. He had a diagnosis of severe COPD
- Historically, the consumer was not open with OSH, AFH provider, or APD about his family, and wanted no contact with them
 - It was noted in records that he had been married and had 2 children. He also had a brother and a girlfriend at one time
- This consumer bonded closely with his AFH provider, and other consumers who lived in the home
- End of life choices were discussed with consumer on more than one occasion, but his reaction was one of agitation related to having no trust of others, as well as having to sign or place his name on forms

APD Scenario continued (1)...

- In late August 2018, this consumer experienced a health event
 - He collapsed early in the morning of August 21st
 - The AFH provider performed CPR for 12 minutes
 - EMTS performed CPR for 15 minutes after they arrived, for a total of 27 minutes
 - The consumer was transported to a local hospital, where he was admitted into the ICU
 - Consumer was placed on a ventilator over the next 7 days he did not regain consciousness and was unable to be taken off the vent to breathe on his own

APD Scenario continued (2)...

- Local hospital inquired with APD representative about the consumers' family
- AFH provider was able to assist and guide the hospital with what he knew of the consumer
- **APD was asked to assist in finding family**
 - APD inquired with OSH about family; none known
 - SW team at the hospital notified APD about statute 127.635 and that they may need to enact this if no family is found

Conclusion

- **APD was asked to be involved in the treatment meeting, as the consumer representative since no family could be identified**
- Treatment team consisted of ICU physician, hospitalist, social worker, chaplain, AFH provider and APD. The team met twice to discuss the client:
 - Day 1: Discussion of consumer's history – how he lived, and the choices he made. The physician explained consumer's medical status, and various life sustaining options
 - Day 2: Discussion and decision of end of life. The decision was by the team to end life sustaining treatment due to APD and AFH's knowledge of consumers' preferences and goals.

Final Goodbye

- Lonnie Sperry's AFH provider was with him through his last days, he passed away at Tuality Community Hospital September 1, 2018. Even though he had only been at the AFH for a short time, he had bonded with his AFH family, both caregivers and consumer's.
- His final days were spent being supported by those that he had grown to love and who loved him. The AFH provider brought him flowers and all residents in the home requested to visit him in the ICU at the end.
- Lonnie was the type of man who "lived off the land" he was born in a logging community in Washington State, he had a hard time forming friendships and stable relationships, preferring to be alone and do things as he pleased and no one "including the government" would tell him anything different. When he went to OSH his only belongings were a tarp and a trap because he preferred "life on the land". He struggled in life but in the end he found a home and peace in his final days



Thank you!

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