

Texas Hospitals Stand With Texas Patients



Texas hospitals oppose House Bill 12, House Bill 43, Senate Bill 11 and Senate Bill 80, which would interfere with the patient-physician relationship by dictating in statute when an in-hospital do-not-resuscitate order is valid.

The opposed legislation could compel physicians and other health care professionals to perform CPR or other life-sustaining treatment that is directly contrary to a patient's wishes or that would cause undue pain and suffering.

Hospitals' role at the end of life is a privileged, duty-bound and sacred one. We have an obligation to honor the wishes of patients who have taken steps with their physicians to clearly articulate their wishes about their medical treatment and not to inflict additional pain and suffering.

We oppose efforts that would change current DNR statute to:

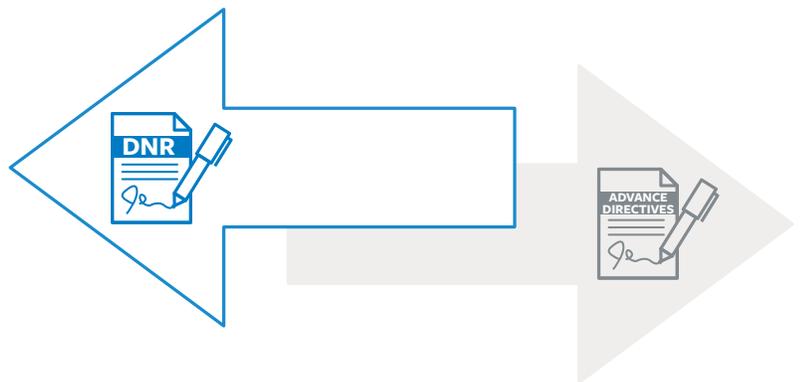
- Allow a family member's desires regarding a patient's care to override the patient's prior expressed desires regarding end-of-life care and an attending physician's professional judgment.
- Create a new standard for medical appropriateness, dictated by a patient or other layperson, rather than a physician.
- Require CPR, or other life-sustaining treatment, in situations where such treatment could cause a patient greater pain and suffering.



No matter a **patient's choices**, Texas hospitals support practices that protect patients' rights and **autonomy**, including ensuring processes are in place as appropriate that allow consent and notification before a DNR is placed in the medical record.

What is the difference?

A **DNR** is a physician order. It is entered into the patient's medical record after the physician and patient agree on a course of action governing what to do if the patient's breathing or heart stops.



Advance directives are legal documents that allow patients to convey their decisions about end-of-life care ahead of time.