



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: CONSENT FOR MEDICAL TREATMENT POLICY 9.08  
AFFECTING REPRODUCTIVE FUNCTIONS

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Authority: 42 CFR 440.150, 483.420  
RCW 7.70.065  
RCW 71A.20.050

**BACKGROUND**

Proper medical or surgical treatments for some diseases and/or health conditions cause sterility or reduced ability to produce children. For persons who are not their own guardian, medical or surgical procedures that result in permanent sterilization require permission from a court to protect the individual's civil rights.

**PURPOSE**

This policy specifies the responsibilities of Division of Developmental Disabilities (DDD) staff to assist individuals in obtaining informed consent prior to treatment, and describes which treatments and procedures require court authorization.

**SCOPE**

This policy applies to division clients receiving services in DDD Residential Habilitation Centers and private Intermediate Care Facilities for the Mentally Retarded (ICF/MR) in the community. This policy does not apply to emergency medical or surgical procedures necessary to save the person's life.

**DEFINITIONS**

Informed consent means consent given by a person to receive treatment with an understanding of the risks and benefits involved. If a person is not competent to give informed consent for health care, other persons as defined in [RCW 7.70.065](#) may provide informed consent on the individual's behalf.

**POLICY**

- A. DDD staff shall assist clients through the consent process before sterilization procedures are performed. DDD Policy 6.12, *Residential Reporting Requirements, including Abuse/Neglect Reporting*, requires division staff and certified residential providers to contact the client's Case Resource Manager (CRM) whenever they become aware that the client or his/her legal representative is contemplating permanent sterilization procedures.
- B. Intentional Sterilization Procedures
1. Individuals with developmental disabilities who are their own guardians and capable of providing informed consent may give consent for intentional sterilization procedures, such as tubal ligations and vasectomies.
  2. A client's legal representative, family members, and/or other substitute decision-makers cannot give consent for intentional sterilization procedures.
  3. Informed consent from the client must be obtained thirty (30) days prior to any surgical procedure.
  4. When treatment as described above has been prescribed for a client, DDD staff will assist the client in completing and providing the necessary consent. If the client is not capable of providing informed consent, DDD staff will assist, in consultation with the Office of the Attorney General, the client's legal representative or family members to petition the Superior Court for consent.
- C. Secondary Sterilization Procedures
1. Certain medical or surgical treatments and procedures necessary to save the person's life or to treat a condition, which if left untreated would become life-threatening, may result in secondary sterilization. This includes, but is not limited to, the following:
    - a. Treatment for malignancy of the reproductive system, including breast cancer;
    - b. Treatment for disease of the reproductive system, which cures or prevents the spread of disease from the reproductive system, including ionizing radiation;
    - c. Treatment for benign lesions of the reproductive system; and
    - d. Treatment for trauma to the reproductive system.

2. A client's legal representatives can give consent for the procedures described above. If there is no legal representative, other family members may give consent according to the consent hierarchy defined in [RCW 7.70.065](#). When there is no legal representative or family member able to provide the necessary informed consent, DDD will, in consultation with an Assistant Attorney General (AAG), petition the Superior Court for consent.

D. Other Treatments Affecting Reproductive Functions

A client's legal representative can give consent for the following procedures:

1. Administration of contraceptive medications and contraceptive devices; and
2. Administration of medications prescribed for the purpose of diminishing sexual desire. In cases where a client is requesting, or the client's legal representative or health care professional is requesting, that the client take anti-androgen medications for the purpose of diminishing his/her sexual desire/functioning, the following requirements apply. Caution should be exercised as these drugs have severe side effects, including loss of bone density with prolonged use.
  - a. A client who is competent and able to understand the risks and benefits of the medication, and who does not have a legal representative, may give consent to receive medications that reduce sexual desire and/or functioning. No Exception to Policy (ETP) is required.
  - b. If a client is unable to understand the risks and benefits of the proposed medication, and has no legal representative, a guardian should be appointed to make the decision. The CRM and/or the RHC Habilitation Plan Administrator (HPA) or other designated RHC staff will consult with the Assistant Attorney General (AAG) on such cases.
  - c. When a client has a legal representative with power to make health care decisions for the client, the legal representative must give consent for such medications. In these instances, an ETP is also required to allow the agency and the division to evaluate the client's willingness and understanding relative to the consent and the effects of the medication.
  - d. Refer to DDD Policy 5.15, *Use of Restrictive Procedures*, for more information and ETP requirements.

**E. Documenting the Need for Treatment**

All medical or surgical treatments that result or may result in sterilization must be preceded by:

1. A specific medical diagnosis;
2. A description of:
  - a. The planned medical procedure;
  - b. Possible effects of the procedure;
  - c. Alternative treatments, including non-treatment; and
  - d. The risks and benefits of each treatment alternative.
3. Documentation of the medical necessity of the procedure by at least two (2) physicians. In addition, for females, at least one of the physicians must be a fellow of the American College of Obstetricians and Gynecologists (ACOG) or certified by the American Board of Obstetrics and Gynecology (ABOG); and
4. Documentation of necessary laboratory studies, including X-rays, CAT scans, ultrasound results, and any other examination results.

**EXCEPTIONS**

No exceptions to this policy are allowed.

**SUPERSESSSION**

DDD Policy 9.08  
Issued July 1, 2006

DDD Policy 9.08  
Issued September 1, 2005

DDD Policy 9.08  
Issued October 26, 1999

DDD Policy 9.08  
Issued November 20, 1995

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Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

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