Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: CONSENT FOR MEDICAL TREATMENT   POLICY 9.08
                AFFECTING REPRODUCTIVE FUNCTIONS

Authority: 42 CFR 440.150, 483.420
                RCW 71A.20.050
                DDD Policy 7.03

BACKGROUND

The Division of Developmental Disabilities (DDD) makes every effort
possible to provide its clients with appropriate medical and surgical
treatments for disease prevention, intervention, and health conditions.
The proper medical or surgical treatment for some diseases causes
sterility or reduced ability to produce children. Some medical or surgical
procedures that result in sterilization of an individual that can be
performed without a court order. Other medical or surgical procedures
require permission from a court to protect the civil rights of clients.

PURPOSE

This policy clarifies the responsibilities of DDD staff in obtaining
informed consent prior to treatment and describes which treatments and
procedures require court authorization.

SCOPE

This policy applies to all clients served by DDD.

POLICY

DDD staff are responsible to assist clients through the consent process
before intentional sterilization procedures are performed.

A.   Clients Who Can Provide Informed Consent

        1.   This section applies to individuals who are able to provide
                informed consent for intentional sterilization procedures
                including:

                a.   Tubal ligations and vasectomies;

                b.   Removal of the uterus;

                c.   Removal of the ovaries or testes;

                d.   Administration of medications that diminish the amount of
                        sperm necessary for conception; and

                e.   Administration of medications that diminish sexual
                        desire.

        When such treatment as described above has been prescribed for an
        individual, DDD Field Service or Residential Habilitation Center
        (RHC) staff will assist the individual in completing and providing
        the necessary consent

B.   Clients Who Cannot Provide Informed Consent

        1.   This section applies to individuals who cannot provide
                informed consent for intentional sterilization procedures
                including:

                a.   Tubal ligations and vasectomies;

                b.   Removal of the uterus; and

                c.   Removal of the ovaries or testes.

        For individuals described above, DDD Field Services or RHC staff will
        assist them, their family members or guardians to seek to petition
        the Superior Court for consent, when such assistance is deemed
        professionally appropriate.

2.   The following intentional sterilization procedures may be performed if consent has been provided by a client's guardian.

    a.   Administration of medications that diminish the amount of sperm necessary for conception; and

    b.   Administration of medications that diminish sexual desire.

3.   Medical or surgical treatments and procedures that result in secondary sterilization, and that require consent from the client or his/her parent or guardian, but not court authorization, include the following:

    a.   Treatments for cancer of the reproductive system;

    b.   Treatment for disease of the reproductive system that cures or prevents the spread of disease from the reproductive system; and

    c.   Treatment for trauma to the reproductive system.

C.   Documentation of Need for Treatment

1.   All medical or surgical treatments that result, or may result, in sterilization shall be preceded by:

    a.   Specific medical diagnosis;

    b.   Description of:

        (1)   the planned medical procedure;
        (2)   possible effects of the procedure;
        (3)   alternative treatments including non-treatment; and
        (4)   the risks and benefits of each treatment alternative.

    c.   Documentation of the medical necessity of the procedure by at least two (2) physicians; and

        d.   Documentation of necessary laboratory studies including X-rays, CT Scans, and ultrasound results.

EXCEPTION

This policy does not apply to emergency medical or surgical procedures necessary to save the life or to protect the health of the client.

SUPERSESSION

None

Approved: */ s / Norm Davis*   Date: <u>11/20/1995</u>
                Director, Division of Developmental Disabilities