



SCDC POLICY

NUMBER: HS-18.19

TITLE: REFUSAL OF MEDICAL CARE

ISSUE DATE: MARCH 9, 2020

RESPONSIBLE AUTHORITY: DIRECTOR OF HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.19 (May 1, 2006);

RELEVANT SCDC FORMS/SUPPLIES: M-7A&B, M-19B, M-43, M-53, M-65, M-107, M-108, M-111

STATE/FEDERAL STATUTES: S.C. Code of Laws, 1976, as amended, Sections 20-7-280 and 44-22-10

SCDC *HEALTH SERVICES PROCEDURES*: 200-3, 200-9

PURPOSE: To provide guidelines for refusal of medical care.

POLICY STATEMENT: The Agency will ensure that the refusal of medical care will be managed by the SCDC in accordance with applicable Agency policies/procedures and state and federal statutes.

1. REFUSAL OF MEDICAL/DENTAL CARE: The *medical provider* or dentist will provide treatment to inmates according to the practice of reasonable medical/dental standards.

1.1 When an inmate refuses the method of treatment or appointment recommended by the *provider*/dentist, the following steps will be taken:

1.1.1 Appropriate health care personnel will verbally explain to the inmate the consequences of refusal. This will be documented in the inmate's automated medical record *in the EHR*.

1.1.2 The inmate will be asked to sign SCDC Supply M-53, "Refusal of Medical Advice Form," and the signature will be witnessed by an employee (preferably a Health Services employee). If the inmate refuses to sign a refusal form, the verbal refusal will be witnessed by two (2) employees and the verbal refusal will be documented in the *Electronic Health* Record (*EHR*) or on SCDC Supply M-19B, "Dental Health Records," as appropriate.

1.1.3 If the inmate is unable to sign the refusal form, the verbal refusal or the inmate's mark will be witnessed by two (2) employees, if possible.

1.1.4 All refusals must be signed off by the institutional *provider/dentist* and then filed in the correspondence section of the medical record. A note will be made in the *EHR* documenting the refusal.

1.2 If the inmate's medical condition deteriorates to the point of becoming life threatening, the inmate will be notified that an attempt may be made to obtain a court order to provide treatment.

1.3 If the inmate continues to refuse treatment, the Health Care Authority (HCA) will notify the Director of Nursing who will contact the Director of Health Services and the Office of General Counsel to determine appropriate action. Any health care to be rendered against an inmate's will must first be reviewed by the Office of General Counsel to ensure that it will be in compliance with all state and federal statutes/regulations.

1.4 Refusal of Appointments:

1.4.1 If an inmate refuses transportation to an appointment, the inmate will be escorted to the medical office to sign the refusal. If no medical staff member is on duty at the time, an officer may obtain SCDC Supply M-53, "Refusal of Medical Advice Form," from Operations for the inmate to sign. An employee will witness the inmate's signature, and the signed form will then be forwarded to Medical.

1.4.2 If an inmate is already in the process of being transported via the bus system and wishes to refuse the appointment, s/he will be transported as planned. S/he may sign the refusal at the time and location of the appointment if s/he still wishes to refuse. SCDC Supply M-53, "Refusal of Medical Advice Form," will then be forwarded to the institutional medical office along with the consultation form, SCDC Supply M-7 A&B, "Physician's Transfer Note or Consultation."

1.4.3 Refer to *Health Service Procedure* 200-9, "Refusal of Medical or Dental Treatment," for specific guidelines on rescheduling an inmate's refused medical appointment.

1.5 Refusing Medication: If an inmate has been refusing a medication and s/he wishes to resume taking the medication, s/he must be referred to the *provider/dentist* for new medication orders. Refer to Medical Directive 200-9, "Refusal of Medical or Dental Treatment," for medical guidelines on an inmate's refusal of specific medications.

1.6 If an inmate refuses part of a recommended treatment, the *provider/dentist* will determine on a case-by-case basis what, if any, of the rest of the recommended treatment will be afforded that inmate.

1.7 AN INMATE'S REFUSAL OF A RECOMMENDED TREATMENT WILL NOT BE JUSTIFICATION FOR WITHHOLDING UNRELATED MEDICAL CARE OR TREATMENT.

2. DEFINITION:

Health Care Authority (HCA) refers to the individual with authority and responsibility for arranging all levels of inmate health care at the institutional level, including management of specific Health Services employee management, pursuant to a written job description.

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

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