

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 1:	Ethics, Rights and Responsibilities
PROCEDURE 1.5:	Patient's Request for Treatment by Prayer Alone
REVISED:	05/30/00; 02/20/09; 11/29/11; 5/23/16; 02/18
Governing Body Approval:	12/22/11; 5/26/16; 04/18

PURPOSE: Any person admitted to an inpatient facility for the treatment of a mental illness who wishes to be treated by prayer alone in accordance with the principles and practices of a church or religious denomination may make application in writing to the hospital in accordance with Connecticut General Statutes (Section 17a-543(i) 1-3). Persons committed for the restoration of criminal competency under Section 54-56d are excluded which has a direct impact on persons residing at Connecticut Valley Hospital (CVH). At CVH, such treatment is provided while the patient is residing and being cared for on a psychiatric inpatient unit. Hence, treatment by prayer alone is effected within a therapeutic milieu and occurs with proper concern for safety, and respect for the rights, needs and dignity of all patients on the unit.

SCOPE: Clinical Staff

PROCEDURE:

I. Application

- A. Written application must be made to the CVH Chief of Professional Services (COPS) using "Request for Treatment by Prayer Alone" (CVH-472).
- B. This application must indicate that the patient's sincere religious beliefs require that he or she be treated by prayer alone by an ordained or accredited minister, priest, rabbi or practitioner of the patient's faith, church or religious denomination, and that such person is available and willing to provide such treatment.
- C. The application must be signed by both the patient and the clergyperson/practitioner.
- D. The application outlines:
 1. the nature and frequency of the treatment to be provided;
 2. the expected outcome; and
 3. the expected duration of treatment.

II. Review Procedures

- A. The COPS or a designated physician meets with the patient to conduct an evaluation that includes past history and current condition and pertinent collateral information. This evaluation is organized into a formal written report that includes a formulation addressing whether or not there is serious risk of harm to the patient or to others if the hospital allows treatment by prayer alone. This report will be submitted to the Chief Executive Officer (CEO) for final determination.

- B. If approved by the CEO, the provision of treatment by prayer alone needs to be incorporated into the patient's treatment plan. The clergy person/practitioner is expected to work with the treatment team to establish a Master Treatment Plan, and to be available for periodic reviews and updates. Close collaboration is essential and may involve the CVH Chaplaincy Services.
- C. The CEO considers all of the above information and then notifies the patient and clergy person/practitioner in writing of the decision to permit or not permit treatment by prayer alone. A copy of the completed form is provided to the patient and clergy person/practitioner. The original is filed in the patient's medical record in the treatment plan section.

III. Exclusions

- A. Section 17a-543(i) – 1 through 17a-543(i)-2, inclusive, of the Regulations of the Connecticut State Agencies authorize treatment by prayer alone.
- B. Patients so authorized may not be subject to any involuntary medical, psychological or psychiatric treatment unless:
 - 1. emergency treatment is ordered (under provisions of Section 17a-543(b));
 - 2. the CVH COPS makes a determination in writing that the clergyperson/practitioner has failed to provide the treatment described in the application; and
 - 3. the CVH COPS has withdrawn such authorization based on a physician's report that the patient's condition has changed and there now exists a serious risk of harm to the patient or others.