

Policy & Procedure

Title: Washington Death With Dignity Act/Initiative 1000 - Providers May Choose to Participate

Originating Department: Administration

Ver #: 2

Affected Departments: Administration , Medical Staff

Date Created: 01/01/2018

Approved by: Board of Commissioners, Board of Commissioner

Last Modified Date: 03/22/2018

Pages: 1 of 6 + Attachments

POLICY:

Lake Chelan Community Hospital & Clinics allows its providers to participate in the “Washington State Death with Dignity Act,” if they so choose. This means providers at Lake Chelan Community Hospital & Clinics may:

- Perform the duties of an attending physician;
- Perform the duties of a consulting physician;
- Prescribe life-ending medication;
- Provide counseling in connection with the provision of life-ending medication;
- Perform other duties as provided for in the Act.

If any Lake Chelan Community Hospital & Clinics provider participates in the “Washington State Death with Dignity Act” with a patient of this organization, that provider must immediately notify the CNO and/or CEO at the hospital and the COO at the clinic. It is the provider’s responsibility to ensure the correct procedures are followed and the correct documentation is completed in accordance with the Act and hospital policy. The steps included in the attached checklist should be followed carefully and documented appropriately.

Hospital administration may provide oversight and may review records to the extent necessary to ensure all the safeguards of the law have been followed and the required documentation completed and submitted to the Department of Health.

Lake Chelan Community Hospital & Clinics does not mandate that any provider participate in the “Washington State Death with Dignity Act,” nor encourage any provider to do so. Only those providers who are willing and desire to participate should do so.

Life-ending medication is intended to be taken outside the hospital and clinic setting. While Lake Chelan Community Hospital & Clinics allows its providers to participate, it prohibits patients from taking the medication at the hospital and clinics. Lake Chelan Community Hospital & Clinics has decided for patient safety reason not to stock life-ending medication. While patients may receive a prescription from Lake Chelan Community Hospital & Clinics providers, it must be filled elsewhere.

While participating in the Washington Death with Dignity act, any provider at Lake Chelan Community Hospital & Clinics must ensure the appropriate standard of care is followed.

PROCEDURE:

All providers at Lake Chelan Community Hospital & Clinics are expected to respond to any patient’s query about life-ending medication with openness and compassion. Lake Chelan Community Hospital & Clinics believes our providers have an obligation to openly discuss the patient’s concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to learn the meaning behind the patient’s questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, Lake Chelan Community Hospital & Clinics’ goal is to help patients make informed decisions about end-of-life care.

Upon the request by a patient for participation in the Washington State Death with Dignity Act, any provider should contact Lake Chelan Community Hospital – CNO & COO at Rural Health Clinic

**The Washington Death with Dignity Act I-1000
PRESCRIPTIONS FOR SELF-ADMINISTERED LETHAL MEDICATION
CHECKLIST**

Patient makes first request for lethal prescription.

ALL PERSONS:

- Continue to provide all appropriate care to patient within standard of care.^L
- **Make choice whether to participate in fulfilling patient request.**
 - No adverse consequences will result from choice to not participate.^L
 - **If not participating**, transfer patient care, and any records, to another provider acceptable to patient.^L
- Document required steps on **DOH forms and include copy of forms in medical record and contact the Quality and Compliance Office to have them manage the forms.**^L
 - **Steps that must be documented on a DOH form are indicated by** .
 - **Steps required by law, but which do not have to be documented on a DOH form, are indicated by** ^L. **These steps should be documented in medical record in order to support the immunity that accompanies compliance with the law.**

PRIMARY PHYSICIAN – STAGE ONE:

- It is the responsibility of the attending (primary) physician “to ensure that all appropriate steps are carried out in accordance with the law before writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner.”^L
- Document patient first oral request in medical record/DOH form (**ATTENDING PHYSICIAN’S COMPLIANCE FORM” DOH 422-064**), including date, time, and persons present.  
- Continue to use ATTENDING PHYSICIAN’S COMPLIANCE FORM to track completion of required steps.
 1. Inform patient that patient may rescind request or end process to obtain a prescription any time and for any reason patient wishes. 
 2. Recommend patient notify next of kin of request. 
 3. Discuss with patient the patient’s diagnosis and his or her prognosis. 
 4. Discuss feasible alternatives with patient and provides information on hospice, comfort care, and pain control. 
 5. Discuss with patient the risks associated with taking the medication to be prescribed. 
 6. Discuss with patient the probable result of taking the medication to be prescribed. 

7. Determine that patient has an incurable and irreversible disease. ☐
8. Determine, within reasonable medical judgment, that patient's incurable and irreversible disease will produce death within six months. ☐
9. **Provide patient with the DOH written form for making final written request and explain time frame. REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER” DOH 422-063.**
10. **Refer the patient to consulting physician** for medical confirmation of diagnosis and determination that patient is competent to make informed decision and acting voluntarily. ☐
11. Evaluate patient's competency and determine patient is competent to make an informed decision about self-administration of lethal medication. ☐
12. **Refer patient to licensed psychiatrist or psychologist** for counseling if patient may have depression or psychiatric or psychological disorder causing impaired judgment. ☐
13. Do not prescribe lethal medication unless and until person performing counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
14. Determine that patient request is made voluntarily. ☐

CONSULTING PHYSICIAN:

1. **Obtain DOH required form “CONSULTING PHYSICIAN’S COMPLIANCE FORM” DOH 422-065/CHS 603.**^L
2. Examine and evaluate patient clinical record.^L
3. Examine and evaluate patient. ☐
4. Confirm attending physician's diagnosis that patient has an incurable and irreversible disease. ☐
5. Confirm that, within reasonable medical judgment, patient's incurable and irreversible disease will produce death within six months. ☐
6. Confirm patient is competent to make an informed decision about self-administered lethal medication. ☐
7. **Refer patient to licensed psychiatrist or psychologist for counseling if patient may have depression or psychiatric or psychological disorder causing impaired judgment.** ☐
8. Confirm patient is acting voluntarily. ☐
9. Confirm patient has made an informed decision to request self-administered lethal medication. ☐
 - “Informed decision” means a decision that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:
 - His or her medical diagnosis; ☐
 - His or her prognosis; ☐
 - The potential risks associated with taking the medication to be prescribed ☐;
 - The probable result of taking the medication to be prescribed ☐; and
 - The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control. ☐
10. **Complete CONSULTING PHYSICIAN’S COMPLIANCE FORM DOH 422-065, retain copy in medical record, and deliver original of form to the primary physician.** ☐

COUNSELOR, PSYCHIATRIC/PSYCHOLOGICAL CONSULTANTS:

1. **Obtain required DOH form PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM DOH 422-066.**^L
2. Is a licensed psychiatrist or psychologist.^L
3. **Evaluate whether or not patient is suffering from a psychiatric or psychological disorder or depression causing impaired judgment.** ☑
4. **Evaluate patient's competency to make an informed decision.**¹
5. *Provide, with patient consent, any appropriate treatment to patient to enable patient to make informed decision without impaired judgment.*¹
6. Determine that patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment. ☑
7. *Confirm patient has made an informed decision to request self-administered lethal medication.*¹
 - *"Informed decision" means a decision that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:*
 - *His or her medical diagnosis;*
 - *His or her prognosis;*
 - *The potential risks associated with taking the medication to be prescribed;*
 - *The probable result of taking the medication to be prescribed; and*
 - *The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.*
8. **Document evaluation on PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM DOH 422-066 and sign determination; retain copy for medical record; provide original to primary physician.** ☑

PRIMARY PHYSICIAN – STAGE TWO:

*Document (in medical record) presence of all persons (family, treatment team, etc.).*¹

1. **Receive patient's second oral request.** ☑
2. **Confirm 15 days or more have passed since patient's first oral request.** ☑
3. **Review consultant and counselor report(s).**^L
4. Proceed only if consultant, and any counselor, confirm in report(s) that^L
 - Patient has an incurable and irreversible disease.
 - Patient's incurable and irreversible disease will produce death within six months.
 - Patient is competent to make informed decision.
 - Patient is making an informed decision.
 - Patient is acting voluntarily.
 - Patient does not have depression or psychiatric or psychological disorder causing impaired judgment (if patient has been referred to counselor).
5. **Receive patient's written request on DOH form REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER" DOH 422-063** (or in a written form that is substantially the same form as described in Act). ☑
 - Confirm DOH form is complete, or that other written request substantially complies with the Act.^L
 - **Confirm form is signed by patient and witnesses at least 48 hours before physician writes prescription.**^L

¹ Not required by law.

- **Attach original patient written request form to ATTENDING PHYSICIAN'S COMPLIANCE FORM DOH 422-064. Retain copy in medical record.**^L
- 6. **Confirm patient is Washington resident** ☐ (make copy of factor(s) used to determine residency and retain in medical record¹). Factors demonstrating Washington State residency include but are not limited to:
 - Possession of a Washington state driver's license;
 - Registration to vote in Washington state; or
 - Evidence that the person owns or leases property in Washington State.
- 7. **Confirm patient is at least 18 years of age.**^L
- 8. *Inform the patient of importance of having another person present when patient takes the medication.*²
- 9. *Inform the patient of importance of not taking the medication in a public place.*²
- 10. **Specifically offer patient opportunity to rescind request. Specifically document offer and response.** ☐
- 11. Verify that patient is still competent to make an informed decision.^L
- 12. Verify that patient is acting voluntarily.^L
- 13. Immediately prior to writing prescription ensure that patient is fully informed/is making an informed decision. ☐
- 14. "Informed decision" means a decision that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:
 - His or her medical diagnosis; ☐
 - His or her prognosis; ☐
 - The potential risks associated with taking the medication to be prescribed ☐;
 - The probable result of taking the medication to be prescribed ☐; and
 - The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control ☐.
- 15. **Before writing prescription, determine that all required steps have been carried out ☐ and documented on required DOH forms and that copies are in the clinical record.**
 - It is the responsibility of the attending (primary) physician "to ensure that all appropriate steps are carried out in accordance with the law before writing a prescription for medication to enable a qualified patient to end his/her life in a humane and dignified manner."^L☐
- 16. Write prescription for self-administered lethal medication. ☐
- 17. Instruct patient that any unused medication must be disposed of legally.^L
- 18. **Dispense prescription ☐ WITH THE PATIENT'S WRITTEN CONSENT^L contact pharmacist and inform pharmacist of prescription AND then deliver prescription in person, by fax, or by certified mail to pharmacist.** ☐
- 19. **Complete and sign ATTENDING PHYSICIAN'S COMPLIANCE FORM" DOH 422-064.** ☐
- 20. The attending physician may sign the patient's death certificate which shall list the underlying terminal disease as the cause of death (and not the ingestion of lethal medication).^L

Within 30 days after patient death, gather and submit required DOH forms^L:

1. **ATTENDING PHYSICIAN'S COMPLIANCE FORM" DOH 422-064**
2. **Patient's written request REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER" DOH 422-063**
3. **PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM DOH 422-066**
4. **CONSULTING PHYSICIAN'S COMPLIANCE FORM DOH 422-065**

² Law does not require this occur in Stage Two (however it is mandatory for Stage One).

5. **PHARMACY DISPENSING RECORD FORM, DOH 422-067.** (Note: if physician refers to pharmacy for medication dispensing, the pharmacy will complete and submit this form).
6. **ATTENDING PHYSICIAN'S AFTER DEATH REPORTING FORM, DOH 422-068**  **Within 30 days after patient death or within 30 days after patient ingestion of lethal medication obtained pursuant to the Act (whichever comes first) complete and submit required DOH form**
 - This form asks for very specific details about the patient's death and form instructs physician to contact the family or patient's representative if physician does not know the answers to any of the questions.

Laws/Regulations:

Initiative 1000/Washington Death with Dignity Act

Washington State Department of Health Regulations Chapter 246-978 WAC

Reference Materials:

The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals