

Lincoln Hospital and Clinics <i>Policies & Procedures</i>		Reference Pages _____	Total Pages: <u>2</u>	
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Revised Date: 03/06/14 2-25-16 9-17-18 12.23.20 8.28.23	Reviewed Date: 10-8-19 _____ _____ _____ _____ _____	Subject End of Life Care and Non-Participant in Death with Dignity Act		
				Policy √
Distribution: Nursing, Administration, Business Office, SS		Originating Department: Administration		

Policy

1. Federal and Washington State law recognize certain rights and responsibilities of qualified patients¹ and health care providers under including but not limited to: the Death with Dignity Act, the Self-Determination Act of 1991, and the Natural Death Act.
2. Under Washington law, a health care provider, including Lincoln Hospital District #3 (LHD) is not required to assist a qualified patient in ending that patient's life.
3. LHD has chosen to not participate under the Death with Dignity Act, hereinafter, the Act. This means that in the performance of their duties, LHD providers, employees, independent contractors and volunteers shall not assist a patient in ending the patient's life under the Act. In addition, no provider may participate under the Act on the premises of the hospital or in the property owned or operated by the District. LHD does not prohibit providers from participating in the Death with Dignity Act when acting as an independent contractor or outside of LHD employment".
4. No patient will be denied other medical care or treatment or discrimination against or because of the patient's participation under the Act or whether or not they have executed an Advance Directive. The patient will be treated in the same manner as all other LHD patients'. The appropriate standard of care will be followed.
5. No patient will be denied other medical care or otherwise discriminated against based upon whether or not the patient has executed an Advance Directive. The patient will be treated in the same manner as all other LHD patients'. The appropriate standard of care will be followed.
6. The Provider will maintain close communication with the family and keep them updated regarding patient's status.
7. LHD encourages rituals per patient/family customs/culture/spirituality.
8. If possible, may consider use of a "Comfort Care Room."
9. If possible, establish a plan to prevent the person from dying alone, such as having the family, staff, or a volunteer be with the patient.
10. Any patient wishing to receive life-ending medication while a patient at this hospital will be assisted in referral/transfer to another facility and/or Licensed Medical Provider of the patient's choice. The transfer will assure continuity of care.
11. All providers at LHD are expected to respond to any patient's query about life-ending medication with openness and compassion. LHD 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, LHD's goal is to help patients make informed decisions about end-of-life care.

Procedure

1. If, as a result of learning that LHD's decision **not to participate in the Act**, the patient wishes to have care transferred to another hospital or Licensed Medical Provider, then LHD staff will assist in making arrangements for the transfer that participating in death by dignity. If the patient wishes to remain at LHD, staff will discuss what end of life care will be provided consistent with hospital policy.
2. If a patient requests a referral to a provider who will fully participate under the Act or expresses the desire to take medication that will result in the patient's death, the provider may provide the patient with a referral, or may instruct the patient that he or she must find a participating provider on his or her own.² The relevant medical records will be transferred to the provider taking over the patient's care per hospital policy. The patient's primary clinical care giver and or on call Provider will be responsible for informing the patient's attending provider as soon as possible.
3. Nothing in this policy prevents a provider from making an initial determination that the patient has a terminal disease and informing the patient of the medical prognosis.
4. Nothing in this policy prevents a provider from providing information about the "Washington State Death with Dignity Act" to a patient when the patient requests the information.
5. Nothing in this policy prohibits a provider who is employed by or who is an independent contractor of LHD from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of LHD and not any hospital owned or operated by the District.

Sanctions

If a provider participates in the Act beyond what is allowed by hospital policy, LHD may impose sanctions on that provider. LHD shall follow due process provided for by the appropriate reviewing body.

Note: Any updates to this policy shall be updated on LHD website as well as submitted to the DOH at www.doh.gov within 30 days of any changes or additions to this policy; updates will be made to the LHD website and submitted to the DOH website as required by WAC 246.320.141. The DOH website for submission is hospitalpolicies@doh.wa.gov

Reference RCW 70.245; RCW 70.122; WAC 246-978

¹ "Qualified patient" means an adult person who is a patient diagnosed in writing to have a terminal condition by the patient's attending physician, who has personally examined the patient, or a patient who is diagnosed in writing to be in a permanent unconscious condition in accordance with accepted medical standards by two physicians, one of whom is the patient's attending physician, and both of whom have personally examined the patient.

² Please see the Natural Death Act providing legal authority for a Provider's moral or ethical objection to participation with the Death with Dignity Act.