



# DEATH WITH DIGNITY

## PURPOSE

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To describe the responsibilities and duties of Mason Health in accordance to Washington State's 'Death with Dignity Act, Initiative 1000' codified as RCW 70.245. Updated to reflect changes made in ESSB 5179.

## POLICY

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It is the policy of Mason Health to respect a patient's right to choose to participate in the Death with Dignity Act and to respect the physician-patient relationship. Mason Health will not, however, mandate providers, or providers associated with Mason Health to participate in the Death with Dignity Act. In addition, Mason Health will not dispense medications to patients wishing to participate in the Death with Dignity.

The district will 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.

### I. Definitions

- a. Counseling: may be performed by independent clinical social worker, advanced social worker, mental health counselor, psychiatric advanced registered nurse Practitioner
- b. "Competent" means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating, if those persons are available.
- c. "Consulting provider" means a physician or other provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.



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- d. "Counseling" means one or more consultations as necessary between a state licensed psychiatrist or psychologist, licensed independent social worker, advanced social worker, mental health counselor, psychiatric nurse practitioner and a patient for the purpose of determining that the patient is competent and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
- e. "Counselor" means a licensed therapist: psychiatrist or psychologist, licensed independent social worker, advanced social worker, mental health counselor, psychiatric nurse practitioner.
- f. "Dispensing record" means a copy of the Pharmacy Dispensing Record form, DOH 422-067.
- g. "Health care provider" means a person licensed, certified or otherwise authorized or permitted by the law to administer health care or dispense medication in the ordinary course of business or practice of a profession and includes a health care facility.
- h. "Informed decision" means a decision by a qualified patient, to request and obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the health care provider of:
  - i. patients' medical diagnosis;
  - ii. patients' prognosis;
  - iii. The potential risks associated with taking the medication to be prescribed;
  - iv. The probable result of taking the medication to be prescribed; and
  - v. The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.
- i. "Medically confirmed" means the medical opinion of the attending physician has been confirmed by a consulting physician who has examined the patient and the patient's relevant medical records.
- j. "Patient" means a person who is under the care of a healthcare provider.
- k. "Qualified patient" means a competent adult who is a resident of Washington state and has satisfied the requirements of the act in order to obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner.
- l. "Self-administer" means a qualified patient's act of ingesting medication to end his, her or their life in a humane and dignified manner.
- m. "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.



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## II. District Responsibilities:

- a. Mason Health will ensure the following shall be documented or filed in the patient's medical record to meet the requirements as set forth in the Revised Code of Washington and the Washington State Administrative Code Chapters 246-978 (RCW 70.245),:
- b. All oral requests by a patient for medication to end his or her life in a humane and dignified manner;
  - i. Oral requests must have at least a 7-day elapse between initial oral request and the writing of the prescription
- c. All written requests by a patient for medication to end his or her life in a humane and dignified manner;
  - i. At least 48 hours shall elapse between the date the patient signs the written request and the writing of the prescription.
- d. The healthcare providers diagnosis and prognosis, and determination that the patient is competent, is acting voluntarily, and has made an informed decision;
- e. The consulting providers diagnosis and prognosis, and verification that the patient is competent, is acting voluntarily, and has made an informed decision;
- f. A report of the outcome and determinations made during counseling, if performed;
- g. The healthcare providers offer to the patient to rescind his or her request at the time of the patient's second oral request under RCW 70.245.090; and
- h. A note by the healthcare provider indicating that all requirements under the chapter have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed.
- i. The following forms must be completed, signed, dated and a copy will be maintained in the patient's chart: Mail to: State Registrar, Center for Health Statistics, P.O. Box 47814, Olympia, Wa

DOH Publication Number	Form Name
422-063	Written Request for Medication to End My Life in a Humane and Dignified Manner form
422-064	Attending (Provider) Physician's Compliance form



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422-065	Consulting (Provider) Physician's Compliance form
422-066	Counselor Consultant's Compliance form
422-067	Pharmacy Dispensing Record form
422-068	Attending Physician's After Death Reporting form

### III. Primary Care Physician- Stage 1:

- a. It is the responsibility of the attending (primary) provider “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.”
- b. 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.*
- c. Inform patient that patient may rescind request or end process to obtain a prescription any time and for any reason patient wishes
- d. Recommend patient notify next of kin of request.
- e. Discuss with patient the patient’s diagnosis and his, her, their prognosis. Discuss feasible alternatives with patient and provides information on hospice, comfort care, and pain control.
- f. Discuss with patient the risks associated with taking the medication to be prescribed.
- g. Discuss with patient the probably result of taking the medication to be prescribed.
- h. Determine that patient has an incurable and irreversible disease.
- i. Determine, within reasonable medical judgment, that patient’s incurable and irreversible disease will produce death within six months.
- j. Provide patient with the DOH written form for making final written request and explain time frame.
- k. Refer the patient to consulting provider for medical confirmation of diagnosis and determination that patient is competent to make informed decision and acting voluntarily.
- l. Evaluate patient’s competency and determines patient is competent to make an informed decision about self-administration of lethal medication
- m. Refer patient to licensed therapist for counseling if patient may have depression or psychiatric or psychological disorder causing impaired judgment.



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*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.*

- n. Determine that patient request is made voluntarily.

#### IV. Consulting Provider Requirements

- a. Obtain DOH required form "CONSULTING PHYSICIAN'S COMPLIANCE FORM" DOH 422-065/CHS 603.
- b. Examine and evaluate patient clinical record.
- c. Examine and evaluate patient.
- d. Confirm attending providers diagnosis that patient has an incurable and irreversible disease.
- e. Confirm that, within reasonable medical judgment, patient's incurable and irreversible disease will produce death within six months.
- f. Confirm patient is competent to make an informed decision about self-administered lethal medication.
- g. Refer patient to licensed therapist for counseling if patient may have depression or psychiatric or psychological disorder causing impaired judgment.
- h. Confirm patient is acting voluntarily.
- i. Confirm patient has made an informed decision to request self-administered lethal medication.
- j. Complete CONSULTING PHYSICIAN'S COMPLIANCE FORM, retain copy in medical record, and deliver original of form to the primary physician.

#### V. Counselor

- a. Obtain required DOH form "PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM" DOH 422-066.
- b. Evaluate whether or not patient is suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
- c. Evaluate patient's competency to make an informed decision.
- d. Provide, with patient consent, any appropriate treatment to patient to enable patient to make informed decision without impaired judgment.
- e. Determine that patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
- f. Confirm patient has made an informed decision to request self-administered lethal medication.
- g. Document evaluation on PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM and sign determination; retain copy for medical record; provide original to primary physician.

#### V. Primary Provider- Stage Two

- a. Document (in medical record) presence of all persons (family, tx team, etc).
- b. Receive patient's second oral/written request.



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- c. Confirm 7 days or more have passed since the patient's first oral request.
- d. Review consultant and counselor report(s).
- e. Proceed only if consultant, and any counselor, confirm in report(s) that
  - i. Patient has an incurable and irreversible disease.
  - ii. Patient's incurable and irreversible disease will produce death within six months.
  - iii. Patient is competent to make informed decision
  - iv. Patient is making an informed decision
  - v. Patient is acting voluntarily
  - vi. Patient does not have depression or psychiatric or psychological disorder causing impaired judgment. (if has been referred to counselor)
- f. 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).
  - i. Confirm DOH form is complete, or that other written request substantially complies with the Act
  - ii. Confirm form is signed by patient and witnesses at least 48 hours before physician writes prescription.
- g. Attach original patient written request form to ATTENDING PHYSICIAN'S COMPLIANCE FORM. Retain copy in medical record.
- h. Confirm patient is Washington resident (*Make copy of factor(s) used to determine residency and retain in medical record*<sup>1</sup>) Factors demonstrating Washington state residency include but are not limited to:
  - i. Possession of a Washington state driver's license;
  - ii. Registration to vote in Washington state; or
  - iii. Evidence that the person owns or leases property in Washington state.
- i. Confirm patient is at least 18 years of age.
- j. Inform the patient of importance of having another person present when patient takes the medication.
- k. Inform the patient of importance of not taking the medication in a public place.
- l. Specifically offer patient opportunity to rescind request. Specifically document offer and response.
- m. Verify that patient is still competent to make an informed decision.
- n. Verify that patient is acting voluntarily.
- o. Immediately prior to writing prescription ensure that patient is fully informed/is making an informed decision
- p. 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.
  - i. It is the responsibility of the attending (primary) physician "to ensure that all appropriate steps are carried out in accordance with the law before



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writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner.”

- q. Write prescription for self-administered lethal medication. Prescriptions may be filled using mail delivery service.
- r. Instruct patient that any unused medication must be disposed of legally.
- s. Complete and sign ATTENDING PHYSICIAN'S COMPLIANCE FORM.
- t. The attending provider 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).<sup>L</sup>
- u. Within 30 days after patient death, gather and submit required DOH forms:
  - i. ATTENDING PHYSICIAN'S COMPLIANCE FORM
  - ii. Patient's written request (REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER)
  - iii. PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM
  - iv. CONSULTING PHYSICIAN'S COMPLIANCE FORM
- v. 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 ATTENDING PHYSICIAN'S AFTER DEATH REPORTING FORM, DOH 422-068.
  - i. 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.

### References:

Washington State 'Prescriptions for Self-Administered Lethal Medications' checklist

Washington State Department of Health forms

Washington State Revised Code of Washington RCW 70.245

### Approved:

Ethics Committee:

Medical Executive Committee



# DEATH WITH DIGNITY

**Links:**

Death with Dignity FAQ: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/death-dignity-act/frequently-asked-questions-about-death-dignity>

Death with Dignity Act Requirements- Chapter 246-978 WAC  
<https://app.leg.wa.gov/wac/default.aspx?cite=246-978>

Washington Death with Dignity Act- Chapter 70.245 RCW  
<https://app.leg.wa.gov/rcw/default.aspx?cite=70.245>