



# Newport Hospital and Health Services

714 W. Pine Street, Newport, WA 99156 • (509) 447-2441  
www.NewportHospitalAndHealth.org

<b>TITLE:</b> Death With Dignity	Reference #
DEPARTMENT: Administration	OWNER (Title): CEO
Section : <b>District Wide</b>	CREATION DATE: 3/16/2017
DOCUMENT CLASSIFICATION: Policy/Procedure	PAGE 1 OF 8

## **Policy Statement:**

Newport Hospital & Health Services (NHHS) does not mandate nor will it encourage any provider to participate in the "Death with Dignity Act". However, NHHS will allow providers to participate under the Act, if they desire to participate. Providers at NHHS 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;

Providers **may not:**

- Fill the prescription for life-ending medication.

If a NHHS provider does choose to participate under the "Death with Dignity Act," that provider must immediately notify the Chief Executive or designee. It is the provider's responsibility to ensure correct procedures are followed and the correct documentation is completed in accordance with the Act and hospital policy. While participating under the Act, any provider at NHHS must ensure the appropriate standard of care is followed. The steps included in the attached checklist should be followed carefully and documented appropriately.

Hospital administration may provide oversight and review records to any extent it deems necessary to ensure all safeguards of the law are followed and the required documentation is complete and submitted to the Department of Health.

While NHHS allows its providers to participate, it will prohibit patients from taking the medication in the hospital setting. While patients may receive a prescription from NHHS providers, it must be filled elsewhere. NHHS does not have a hospital based dispensing pharmacy and for safety reasons will not stock nor fill a prescription for life-ending medication.

## **End of Life Care:**

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

Not required by Law

L\_ Steps required by law but not required to be documented on DOH form

**(I)** Steps that must be documented on DOH form

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



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## Laws/Regulations:

Washington Death with Dignity Act- RCW 70.245  
Washington State Department of Health Regulations - WAC 246-978

## Procedure:

**TRIGGER: Patient makes first request for lethal prescription.**

Continue to provide all appropriate care to patient with standard of care.

Make choice to whether to participate in fulfilling patient request.

- No adverse consequences will result from choice to not participate
- Transfer patient care and any records to another provider acceptable to patient.

Document required steps on DOH forms and include copy of forms in medical record.

- 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 physician "to ensure 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\_**.

**(I)** Document patient first oral request, including date, time, and persons present, in medical record/DOH Form 422-064: "**Attending Physician's Compliance Form.**" Continue use of **Attending Physician's Compliance Form** to track completion of required steps

**(I)** Inform patient that patient may rescind request or end process to obtain a prescription any time and for any reason patient wishes.

**(I)** Recommend patient notify next of kin of request.

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- (I) Discuss with patient the patient's diagnosis and his or her prognosis.
- (I) Discuss feasible alternatives with patient and provides information on hospice, comfort care, and pain control.
- (I) Discuss with patient the risks associated with taking the medication to be prescribed.
- (I) Discuss with patient the probable result of taking the medication to be prescribed.
- (I) 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.
- (I) *Provide patient with the DOH written form for making final written request and explain time frame.*
- (I) Refer the patient to consulting physician for medical confirmation of diagnosis and determination that patient is competent to make informed decision and acting voluntarily.
- (I) Evaluate patient's competency and determine patient is competent to make an informed decision about self-administration of lethal medication.
- (I) Refer patient to licensed psychiatrist or psychologist for counseling if patient may have depression or psychiatric or psychological disorder causing impaired judgment.
  - 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.

Determine that patient request was made voluntarily.

### **Consulting Physician:**

Obtain DOH Form 422-065 /CHS 603, "**Consulting Physician's Compliance Form.**" L\_

Examine and evaluate patient clinical record. L\_

- (I) Examine and evaluate patient.

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- (I) Confirm attending physician's diagnosis that patient has an incurable and irreversible disease.
- (I) Confirm that, within reasonable medical judgment, patient's incurable and irreversible disease will produce death within six months.
- (I) Confirm patient is competent to make an informed decision about self-administered lethal medication.
- (I) Refer patient to licensed psychiatrist or psychologist for counseling if patient may have depression or psychiatric or psychological disorder causing impaired judgment.
- (I) Confirm patient is acting voluntarily.
- (I) 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:
    - (I) His or her medical diagnosis;
    - (I) His or her prognosis;
    - (I) The potential risks associated with taking the medication to be prescribed;
    - (I) The probable result of taking the medication to be prescribed; and
    - (I) Feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.
- (I) Complete **Consulting Physician's Compliance Form**, retain copy in medical record, and deliver original of form to the primary physician.

**Counselor:**

Obtain DOH Form **422-066, "Psychiatric/Psychological Consultant Compliance Form". L\_**

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Is a licensed psychiatrist or psychologist. L\_

**(I)** Evaluate whether or not patient is suffering from a psychiatric or psychological disorder or depression causing impaired judgement

- Evaluate patient's competency to make informed decision<sup>1</sup>.
- Provide, with patient consent, any appropriate treatment to patient to enable patient to make informed decision with impaired judgement.

**(I)** Determine that patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgement.

- 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; and
- The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

**(I)** Document evaluation on *Psychiatric/Psychological Consultant's Compliance Form* and sign determination; retain a 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.).<sup>1</sup>

**(I)** Receive patient's second oral request.

**(I)** Confirm 15 days or more has passed since patient's first oral request.

Review consultant and counselor report(s).L\_

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.

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- 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).

**(I)** Receive patient's written request on DOH Form 422-063, "**Request/or Medication to End My Life in a Humane and Dignified Manner**" (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\_
- Attach original patient written request form to **Attending Physician's Compliance Form**. Retain copy in medical record. L\_

**(I)** Confirm patient is Washington resident (*make copy of factor(s) used to determine residency and retain in medical record*) 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.

Confirm patient is at least 18 years of age. L\_

*Inform the patient of importance of having another person present when patient takes the medication.<sup>2</sup>*

*Inform the patient of importance of not taking the medication in a public place.<sup>2</sup>*

**(I)** Specifically offer patient opportunity to rescind request. Specifically document offer and response.

- Verify that patient is still competent to make an informed decision. L\_
- Verify that patient is acting voluntarily. L\_

**(I)** Immediately prior to writing prescription ensure that patient is fully informed /is making an informed decision.

- "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:

**(I)** His or her medical diagnosis;

**(I)** His or her prognosis;

**(I)** The potential risks associated with taking the medication to be prescribed;

**(I)** The probable result of taking the medication to be prescribed; and

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- (I) The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.
- (I) 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.
  - o 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\_
- (I) Write a prescription for self-administered lethal medication. With patient written consent contact pharmacist and inform pharmacist of prescription AND deliver prescription in person, by fax, or by mail to pharmacist.
- (I) Receive and deliver medication directly to patient - including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort.
  - Instruct patient that any unused medication must be disposed of legally. L\_
- (I) Complete and sign **Attending Physician's Compliance Form**.

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. 422-064: **Attending Physician's Compliance Form**.
2. 422-063: **Request/or Medication to End My Life in a Humane and Dignified Manner**.
3. 422-066: **Psychiatric/Psychological Consultant's Compliance Form**
4. 422-065: **Consulting Physician's Compliance Form**
5. 422-067: **Pharmacy Dispensing Record Form**, only if physician dispense medication directly. If physician refers to pharmacy for medication dispensing, the pharmacy will complete and submit this form.

(I) Complete and submit required DOH Form 422-068, "**Attending Physician's After Death Reporting Form**" within 30 days after patient death or within 30 days after patient ingestion of lethal medication obtained pursuant to the Act (whichever comes first).

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- This form asks for very specific details about the patient's death and instructs physician to contact the family or patient's representative if physician does not know the answers to any of the questions.

### Pharmacist:

Receive notice from physician of prescription. L\_

Receive prescription in person from physician or by fax or by mail. L\_

Obtain DOH Form 422-067, "**Pharmacy Dispensing Record.**"L

**(I)** Dispense prescribed medication.

Provide medication to patient or to an agent expressly identified by the patient; or to the attending physician if indicated by physician. L\_

Include notice with medication that any unused medication must be disposed of legally. L\_

**(I)** Within 30 days of dispensing medication, complete and submit required DOH Form, 422-067, **Pharmacy Dispensing Record.**

[Consulting Physician's Compliance Form \(wa.gov\)](#)

[Attending Physician's Compliance Form \(wa.gov\)](#)

[Pharmacy Dispensing Record \(wa.gov\)](#)

[Psychiatric/Psychological Consultant's Compliance Form \(wa.gov\)](#)

[Request for Medication to End My Life in a Humane and Dignified Manner \(wa.gov\)](#)

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