

Death With Dignity Act/Medical Aid in dying

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Approvals

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Policy: Death With Dignity Act/Medical Aid in dying

Policy Statement

- 1. The Washington State Death with Dignity Act (the "Act"), Initiative 1000, allows competent, terminally ill adults (18 years or older) seeking to end their life to request aid-in-dying drugs from gualified attending providers. These terminally ill patients must be Washington residents expected to have less than six months to live. Patients must satisfy all the requirements of the Act in order to obtain the prescription for the aid in dying drug(s).
- 2. OMC/OC acknowledges the legal right of patients to exercise this choice and assists patients in completing the requirements of the Act so that the patient may self-administer the aid-in-dying drug and end their life. Washington state law refers to this process as Death with Dignity (DwD); other sources may call it Medical Aid in Dying (MAID). Employees and providers should not use the term "assisted suicide" when communicating with patients, providers or staff.
- 3. OMC/OC allows its qualified medical providers to participate in the Act, if they so choose, and allows other medical providers/employees to participate in relevant supporting roles. Medical providers/employees may, as applicable and as defined in the Act and herein:
 - a. Perform the duties of an Attending Provider
 - b. Perform the duties of a Consulting Provider
 - c. Perform the duties of a Psychiatric/Psychological Provider
 - d. Prescribe drugs under the Act
 - e. Assist in patient or provider support related to the Act
- 4. Both the Attending and Consulting Provider must be qualified and licensed in WA State [Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP)]. Neither the Attending nor Consulting Provider may compel or require participation from the other, including as a direct (organizational) supervisor.
- 5. Qualified medical providers (the Attending Provider, Consulting Provider, and/or Psychiatric/Psychological Provider) must not be related to the patient by blood, marriage, registered domestic partnership, or adoption or be entitled to a portion of the individual's estate upon death.
- 6. Participation in activities authorized under the Act is voluntary. OMC/OC medical providers, staff, or employees who elect for reasons of conscience not to engage in activities authorized by the Act are not required to take any action in support of a patient's request for a prescription for an aid-in-dying drug.
- 7. A healthcare provider who has chosen not to participate in the Act should be careful to convey compassion and avoid abandonment when discussing end-of-life care with patients who have requested information about the Act or asked for assistance in qualifying. The provider should explore additional assessment of the patient's concerns as appropriate and consider referrals for palliative care, hospice, social services, and/or more aggressive symptom management. (Sections 1.c. and 1.d. of the attached Procedures document describe the procedures for a provider to follow when they have chosen not to participate in the Act.)
- 8. The following actions, while they may relate to Death with Dignity, do not constitute formal participation under the Act.
 - Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis
 - Providing information about DwD to a patient upon the request of the patient
 - Charting a patient's interest in DwD
 - Providing a patient, upon the request of the patient, with a referral to another qualified medical provider for the purposes of DwD
 - A patient contracting with a potential attending or consulting provider to act outside of the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning healthcare provider.
- 9. A healthcare provider who is otherwise willing to participate in the Act may nonetheless decline to accede to a request for aid-in-dying drugs at any time and for any reason.

- 10. OMC/OC does not permit the ingestion of an aid-in-dying drug in its hospitals, clinics, or elsewhere on its premises. This does not prohibit a patient from inquiring about and discussing a request for an aid-in-dying drug during their hospitalization. The attending provider, as defined by the law, may participate in the process while the patient is hospitalized; including conducting visits to complete the aid-in-dying process prior to the patient's discharge.
- 11. Aid-in-dying drugs may not be ingested in a public place or a place to which the public has access.
- 12. OMC/OC does not accept new patients solely for the purposes of participating in the Act. Eligible patients must be current OMC/OC patients.
- 13. OMC/OC will provide oversight and review records to ensure compliance with the safeguards of the law, completion of the correct documentation, and submission to the Washington State Department of Health (WSDOH). OMC/OC will review cases of use of the Act for quality improvement purposes, and members of the care team may submit cases to the OC Ethics Committee for ethical review. Providers participating in the Act will be responsible for keeping records, ensuring proper reporting of each case, and providing these materials to OMC/OC and/or the Ethics Committee for review as requested.

RELATED LINKS:

Death With Dignity Procedure Outline

Provider Forms

- a. "Attending Qualified Medical Provider Compliance Form"
- b. "Consulting Qualified Medical Provider Compliance Form"
- c. "Psychiatric/Psychological Provider Compliance form"
- d. "Attending Qualified Medical Provider After Death Reporting Form."

Patient Form

e. "Written Request for Medication to End My Life in a Humane and Dignified Manner Form"

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Attending Qualified Medical Provider After Death Reporting Form

Attending Qualified Medical Provider Compliance Form Attachments: Consulting Qualified Medical Provider Compliance Form (REFERENCED BY THIS

Death With Dignity DOCUMENT)

Psychiatric/Psychological Provider Compliance form

Written Request for Medication to End My Life in a Humane and Dignified Manner Form

Other Documents: (WHICH REFERENCE THIS DOCUMENT)

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