

Purpose:

To ensure organizational compliance with the Washington State Death with Dignity Act.

Policy:

In accordance with the Washington Death with Dignity Act, KVH recognizes the right of a patient with a terminal prognosis to request a prescription for a life-ending dose of medication to end his or her life. The Death with Dignity Act involves the self-administration of a medication in the person's home environment. In support of this intent, KVH will not endorse the self-administration of a life-ending dose of medication within the hospital. However, there may be occasions when patients will want to discuss the "Death with Dignity Act" with their personal qualified medical provider who is an employee of Kittitas Valley Hospital, a patient of KVH, or a member of its Medical Staff. Hospital employees should, within the framework of the Act, respond to patient's questions regarding the Act and provide the patient with information. Giving patients general information about their available options under Washington law is to be distinguished from activities directly related to the delivery, ingestion, or direct facilitation of life-ending activities under the act. KVH health care providers are expected to provide patient education and names of resources such as End of Life Washington, and to transfer patient care, and any records to another provider acceptable to the patient. It is the policy of KVH that it respects the right of both the qualified medical provider, the patient and all other staff to determine whether they wish to participate in and/or witness this end of life decision and takes no action to either compel or prohibit qualified medical providers from participating in actions under the Death With Dignity Act apart from the hospital. If a qualified medical provider elects to participate, it is expected that he or she will fully comply with all aspects of the Act and will ensure that the appropriate standard of care is followed.

KVH Hospice personnel may be present in the patient's home when the patient self-administers life ending medication, if they are requested to be present by the patient and the staff member desires to be there as a support person. KVH Hospice staff will not prepare the life ending medications to be administered nor will they administer the medications to the patient. If any problems should arise during or after the patient self-administers life ending medications, the KVH Hospice staff should consult End of Life Washington or the Hospice Medical Director.

Qualified medical providers who elect to participate or who desire additional information can request a qualified medical provider packet to be mailed, emailed or faxed through the End of Life Washington organization. The website is located at: <http://endoflifewa.org/>. Patient education materials can be accessed here as well. End of Life Washington also provides support throughout the process including a Client Support Volunteer, if requested, at the time of death to ensure the medical protocol is followed and to provide reassurance and emotional support to those who are present.

It is the qualified medical provider's responsibility to ensure the correct procedures are followed and the correct documentation is completed in accordance with the Act and hospital policy.

- I. Qualified medical providers and registered nurses may respond to questions and provide literature regarding the Death with Dignity Act when caring for their patients.
- II. In accordance with the Death with Dignity Act, in order to receive a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, a qualified patient needs to make both an initial verbal and written request.
- III. A qualified patient is one who:
 - A. Is competent.
 - B. Has been determined by his/her attending qualified medical provider and consulting qualified medical provider to be suffering from a terminal disease.
 - C. Has voluntarily made a verbal request to end his/her life in a humane and dignified manner in accordance with RCW 70.245.020.
 - D. Is able to make a written request for the same.
 - E. Must make a second oral request 7 days after the first verbal request.
 - F. Is not making such a request due to age or disability alone.
- IV. In situations where the patient is wishing to exercise his/her rights under this act, the qualified medical provider feels comfortable fulfilling the responsibilities associated with it, and agrees to prescribe a lethal dose of medications, the attending qualified medical provider shall:
 - A. Make the initial determination of whether a patient has a terminal disease, is competent, and has made the request voluntarily.
 - B. Request that the patient demonstrate Washington state residency under RCW 70.245.130.
 - C. To ensure that the patient is making an informed decision, inform the patient of:
 1. His or her medical diagnosis.
 2. His or her prognosis.
 3. The potential risks associated with taking the medications prescribed.
 4. The feasible alternatives included, but not limited to, comfort care, hospice care, and pain control.
 - D. Refer the patient to a consulting qualified medical provider for medical confirmation of the diagnosis and for a determination that the patient is competent and acting voluntarily.
 - E. Refer the patient for counseling if the patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment. Medication to end a patient's life in a humane and dignified manner shall not be prescribed until the person performing the counseling determines that the patient is not suffering from a disorder causing impaired judgment.
 - F. Recommend that the patient notify their next of kin
 - G. Counsel the patient about the importance of having another person present when the patient takes the medication prescribed and of not taking the medication in a public place.
 - H. Inform the patient that the request can be rescinded at any time in any manner and offer the patient an opportunity to rescind at the end of the 7 day waiting period
 - I. Verify immediately before writing the prescription for medication that the patient is making an informed decision, complete all required documentation.
 - J. Contact a pharmacist and inform them of the prescription. The prescription may be delivered in person, by mail, by fax or electronically to the pharmacist.
 - K. Required documentation:
 - The patient's first and all subsequent verbal request to participate in death with dignity
 - The patient's written request to participate in death with dignity
 - The attending qualified medical provider's diagnosis, prognosis, determination that the patient is competent, acting voluntarily and has made an informed decision

- The consulting qualified medical provider’s diagnosis, prognosis, determination that the patient is competent, acting voluntarily and has made an informed decision
- A report of the outcome and determinations made during counseling, if performed
- The attending qualified medical provider’s offer to patient to rescind the request at the time of the patient’s second verbal request to participate in death with dignity
- A note by the attending qualified medical provider that all requirements of the death with dignity act have been met, indicating the steps taken to carry out the request, including the medications prescribed.

Definition: (if applicable)

1. **“Adult”** means an individual who is 18 years of age or older.
2. **“Patient”** means a person who is under the care of an attending qualified medical provider.
3. **“Healthcare Provider”** means a person licensed, certified or otherwise authorized or permitted by law to administer healthcare or dispense medication in the ordinary course of business or practice of a profession, and includes a healthcare facility.
4. **“Competent”** means that in the opinion of a court or in the opinion of the patient’s attending qualified medical provider, consulting qualified medical provider, 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 communication if those persons are available.
5. **“Attending Qualified Medical Provider”** means the qualified medical provider who has primary responsibility for the care of the patient and treatment of the patient’s terminal illness.
6. **“Consulting qualified medical provider”** means a qualified medical provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient’s disease.
7. **“Self-Administer”** means a qualified patient’s act of ingesting medication to end his or her life in a humane and dignified manner.
8. **“Qualified patient”** means a competent adult who is a resident of Washington state and has satisfied the requirements of this chapter 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.
9. **“Terminal Disease”** means an incurable and irreversible disease that has been medically confirmed and will within reasonable medical judgment produce death within six months.
10. **“Medically Confirmed”** means the medical opinion of the attending qualified medical provider has been confirmed by a consulting qualified medical provider who has examined the patient and the patients relevant medical records.
11. **“Counseling”** means one or more consultations as necessary between a state licensed psychiatrist, psychologist, independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered 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.
12. **“Qualified medical provider”** means is a physician, physician assistant or an advanced registered nurse practitioner licensed in Washington State.
 - A. If a patient selects an attending qualified medical provider that is not a physician, the patient must select a physician to serve as the consulting qualified medical provider.
 - B. A patient may select a consulting qualified medical provider who is not a physician only if the patient’s attending qualified medical provider is a physician.

- C. The attending qualified medical provider and consulting qualified medical provider may not have a direct supervisory relationship with each other.

Education Plan:

Healthcare providers will be informed through departmental meetings and/or new employee/agency staff orientation.

References: (if applicable)

[Death with Dignity Act | Washington State Department of Health](#)

RCW 70.245.060

Engrossed Substitute Senate Bill 5179

Related Documents/Forms: (if applicable)

Death With Dignity Standard Work

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Dept: of Record:	Administration
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Reviewed By:	
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