POLICY: It is the Policy of Confluence Health to acknowledge that Washington law recognizes certain rights and responsibilities of qualified patients and health care providers under the Death with Dignity Act (“Act”).

1. We will respect patient choices. We will respect provider choices.
2. Confluence Health, as stated in the act, will not permit life-ending medications to be administered or ingested on Central Washington Hospital (CWH) or Wenatchee Valley Hospital (WVH) campuses.
3. All providers at Confluence Health are expected to respond to any patient’s query about life-ending medication with openness and compassion. Confluence Health’s goal is to help ensure patients are educated thoroughly to make informed decisions about options for and participation in end-of-life care, including Palliative care and Hospice Care.
4. No patient will be denied other medical care or treatment because of the patient’s participation under the Act. The patient will be treated in the same manner as all other Confluence Health patients. The appropriate standard of care will be followed.
5. The decision by any physician on the medical staff of CWH or WVH as to the degree of participation or not in the provision of services permitted under the Death with Dignity Act shall be the decision of that physician.
6. Confluence Health shall not encourage, nor discourage the provision of any medical service by a physician on the CWH or WVH staff as long as the service is legal and within the scope of practice of the physician.
7. The decision regarding the filling of a prescription for the medications for patients participating in the act shall be the decision of each pharmacist. If the pharmacist does not wish to participate in filling the prescription, then the pharmacist may facilitate a referral to a willing pharmacist if known or shall notify the prescribing physician.

PROCEDURE:
1. All patients will be provided with educational materials about end-of-life options to the degree that the patient desires and the physician feels is appropriate.
2. Should a provider desire to participate with a patient in “The Act”, it is expected that the guidelines attached be followed.

PUBLIC NOTICE:
1. Confluence Health will provide public notice of this policy in the following ways: posting the policy or information about Confluence’s stance on the Death with Dignity Act on the Confluence Health web page; informing local media; including information in the
Confluence community newsletters; including information in materials provided to patients regarding advance directives; and including information in patient’s rights handbooks.

**RESOURCES:**
Any patient, employee, independent contractor, volunteer or physician may contact the Ethics Committee, Spiritual Care, Social Services, or Patient Advocate for assistance.

**Laws/Regulations:**
1. Initiative 1000/Washington Death with Dignity Act, codified as RCW70.245.
2. Washington State Department of Health Regulations Chapter 246-978 WAC

**Reference Materials:**
1. The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals
2. Compassion and Choices [www.compassionandchoices.org](http://www.compassionandchoices.org)

Attachment: Guideline

Reviewed by:
IC Committee: 6/2015
Thomas Carlson, MD, Radiation Oncology: 7/2015
Mandy Robertson, MD, Oncology: 7/2015
Deric Weiss, MD, Palliative Care: 7/2015
Gail Feinman, MD, Internal Medicine: 7/2015
Dixie Randall, RN, Home Health Director: 7/2015
Malcolm Butler, MD, Chief of Staff: 7/2015
GUIDELINE:

1. If a patient requests to participate under the Act, expressing the desire to take medication that will result in the patient’s death and the provider does not wish to participate in the “act”, the provider may make a referral to another physician who does participate if a physician is known. Referral to Palliative Care should also be considered. The relevant medical records will be transferred to the physician taking over the patient’s care. The patient’s primary clinical care giver (nurse or social worker) will be responsible for:
   A. Ensuring that the medical record is complete and all required documentation is included. A copy of the Resuscitation Status (DNR) order, copies of advance directives and POLST form are to be included.
   B. Communicating with other clinicians involved with the patient to ensure continuity of care.
   C. Documenting all communication in the patient’s medical record.

2. If a physician or pharmacist does choose to participate in the act the procedures as outlined in I-1000 must be followed and documentation of such shall be scanned into the EHR. If the provider is present when the medications are ingested, a note should be written in the chart (the patient’s insurance should not be billed).

3. Nothing in this policy prevents a physician or provider from making an initial determination that the patient has a terminal disease and informing the patient of the medical prognosis.