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Manual(s):	

Policy & Procedure : Death with Dignity

POLICY:

Clallam County Hospital District # 1 (CCHD # 1) will not participate, but will not prohibit interested providers from participating under specific conditions.

PURPOSE:

None listed.

DEFINITIONS:

1. FCH - Forks Community Hospital
2. POLST - Physician Order for Life Sustaining Treatment
3. EHR - Electronic Health Record
4. DNR - Do Not Resuscitate

EQUIPMENT/SOFTWARE:

None listed.

PROCEDURE:

1. Washington law recognizes certain rights and responsibilities of qualified patients and health care providers under the Death with Dignity Act. Under Washington law, health care providers, including those at CCHD # 1 are not required to assist a qualified patient in ending that patient's life.
2. CCHD # 1 has chosen not to participate under the Death with Dignity Act. This means that no patient will be able to perform the final phase of ingesting lethal medication as outlined, while on the premises of the Forks Community Hospital (FCH) or in property owned by the CCHD # 1. This includes patients in FCH Long Term Care.
3. This does not prohibit any CCHD # 1 health care provider from assisting a patient in participating in a manner that does not necessitate involvement of CCHD # 1 or its employees. Permitted actions include providers performing the beginning steps required, in the privacy of a patient examination room or filling out official paperwork in a private office.
4. A participating provider will at no time compel or prevent any other CCHD # 1 employee from participating. However, a CCHD # 1 health care provider may communicate to other providers his/her willingness to be supportive.
5. Health care providers include, but are not limited to: providers with outside private practices, a provider whose sole practice is at a FCH affiliated clinic, social workers, psychologists, pharmacists, and nurses.
6. No patient will be denied other medical care or treatment because of the patient's participation. The patient will be treated in the same manner as all other FCH patients. The appropriate standard of care will be followed.

7. Any patient wishing to receive life-ending medication while a patient at this hospital will be informed of the CCHD # 1 on-site prohibitive policy and assisted in transfer to another facility if the patient is not able to be discharged from FCH and continue the process as an outpatient. The transfer will assure continuity of care.
8. All providers at FCH are expected to respond to any patient's query about life-ending medication with openness and compassion. FCH believes our providers have an obligation to openly discuss the patient's concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to learn the meaning behind the patient's questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, FCH goal is to help patients make informed decisions about end-of-life care.
9. All patients will be provided with education about end-of-life options if an inquiry is made. These materials will include a statement that FCH does not participate..
10. If, as a result of learning of FCH decision not to participate, the patient wishes to have care transferred to another hospital of the patient's choice, FCH staff will assist in making arrangements for the transfer. If the patient wishes to remain at FCH, staff will discuss what end of life care will be provided consistent with hospital policy.
11. If a patient requests a referral to a provider who will fully participate or expresses the desire to take medication that will result in the patient's death, the provider may choose to provide the patient with a referral, or may instruct the patient that he or she must find a participating provider on his or her own. The relevant medical records will be transferred to the provider taking over the patient's care. The patient's primary clinical care giver (nurse or social worker) will be responsible for:
 - a. Informing the patient's attending provider as soon as possible, and no longer than one working day, that the patient wishes to take life-ending medications.
 - b. Ensuring that the electronic health 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.
 - c. Communicating with other clinicians involved with the patient to ensure continuity of care.
 - d. Documenting all communication in the EHR.
12. Nothing in this policy prevents a provider or provider from making an initial determination that the patient has a terminal disease and informing the patient of the medical prognosis.
13. Nothing in this policy prevents a provider from providing information about the Washington State Death with Dignity Act to a patient when the patient requests information.
14. SANCTIONS:
 - a. If a provider participates in the Act beyond what is allowed in the policy, FCH may impose sanctions on that provider. FCH shall follow due process procedures provided for in the medical staff bylaws. Sanctions may include:
 - i. Loss of medical staff privileges; and/or
 - ii. Termination of contracts.

15. PUBLIC NOTICE:

- a. FCH will provide public notice of this policy in the following ways: posting the policy or information about the hospital's stance on the Death with Dignity Act on the hospital's web page; informing local media; including information in the hospital's community newsletters; including information in hospital materials regarding advance directives; and including information in patient's rights handbooks.

REFERENCES:

1. Initiative 1000/Washington Death with Dignity Act
2. Washington State Department of Health Regulations Chapter 246-978 WAC

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Collaborators:

Approvals

- Committees: (08/18/2021) Clinical Policy Committee, (09/20/2021) Medical Staff Policy Committee,

- Signers:

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Review Date:

Attachments: Death with Dignity
(REFERENCED BY THIS DOCUMENT)

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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