



SWEDISH

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Owner Renee Rassilyer-Bomers: Division Chief Nursing Officer - North

Area Clinical
Applicability WA - SMC + SMG
Document Types Administrative and Clinical Policy and Procedure

Death with Dignity Act – RCW 70.245

Clinical Area:	All clinical areas
Population Covered:	All patients
Licensed Hospitals:	Swedish Medical Center (First Hill, Ballard, Mill Creek, Redmond) Swedish Medical Center / Cherry Hill (Cherry Hill) Swedish Medical Center / Issaquah (Issaquah) Swedish Edmonds (Edmonds)

Related Policies and Procedures:

[Transfers: Intercampus, Emergency Department and Transfers to Other Healthcare Organizations](#)
[PSJH-CLIN-1214 Policy on Care Through the End of Life: Responding to Requests for Provider-Hastened Death](#)

Purpose

To define the level of participation of Swedish employees and providers permissible regarding the Death with Dignity Act ("Act").

Policy Statement

Swedish recognizes and respects the right of patients to make choices related to their care at the end of life. Swedish will continue to provide compassionate, high-quality care to all our patients regardless of their participation or non-participation with the Act.

Swedish recognizes and respects the right of any health care team member to counsel patients on their options and to participate, if they so choose, in activities under the Act. Swedish also recognizes and respects the right of any health care team member to decline to participate in activities specific to the Act.

All health care team members at Swedish will respond to any patient's query about life-ending medication with openness and compassion. Swedish believes our health care team members have an obligation to openly discuss a patient's concerns, unmet needs, feelings, and desires about the dying process, and options available. Physicians on Swedish's medical staff will make an individual decision to participate or not participate in the Act, either as an attending physician or a consulting physician, as those terms are defined in the Act.

Swedish clinical facilities are not the appropriate settings for ingesting life-ending medications. Patients who wish to ingest life-ending medication at the hospital, should be transferred to another location that can accommodate this request.

Responsible Persons

All health care team members.

Prerequisite Information

Washington law recognizes certain rights and responsibilities of qualified patients and health care providers under RCW 70.245, the Death with Dignity Act ("Act"). However, health care providers, including Swedish's acute care hospitals, are not required to assist a qualified patient in ending that patient's life.

Procedure

Responsible Person	Steps
All Care Providers	<ol style="list-style-type: none">1. Education materials related to end-of-life options, including the Act (See Attachments for <i>Washington State Death with Dignity Act</i>) and information about the level of participation by Swedish staff (See Attachments for <i>Initiative 1000 Position Statement - Washington Version of the Death with Dignity Act</i>) are available to patients.2. If the patient wishes to have their care transferred to another hospital, staff will refer to Transfers: Intercampus, Emergency Department and Transfers to Other Healthcare Organizations.3. If the patient wishes to remain at Swedish, the health care team will discuss what end of life care will be provided consistent with hospital policy.
LIP	<ol style="list-style-type: none">1. If a patient requests a referral to a physician who will fully participate under the Act or expresses the desire to take medication that will result in the patient's death, the provider may choose to provide the patient

Responsible Person	Steps
	<p>with a referral, or may instruct the patient that they must find a participating provider on their own.</p> <p>2. The physician or provider may participate in an initial determination that the patient has a terminal disease and inform the patient of their prognosis.</p>
Levels of Participation	
Acceptable	Prohibited
<ul style="list-style-type: none"> • All healthcare team members may share information related to the Act with patients as an option that is available to them in the State of Washington. • All health care team members may discuss a patient's concerns, unmet needs, beliefs, feelings, and desires about the dying process. The values of the patient will be supported in this process. • Physicians are permitted to write the prescriptions for a patient under this Act should they choose to participate at this level (they are not required to do so). 	<ul style="list-style-type: none"> • Swedish pharmacies are not permitted to dispense medications for the purpose of this Act. • Swedish cannot have patients take medications prescribed under the Act within a Swedish facility. • Swedish employees, while acting in the capacity of an employee, may not be present when the medications are ingested for this purpose.

Definitions

Death with Dignity Act, RCW 70.245. Passed in 2008, enacted in 2009, allows terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians. These terminally ill patients must be Washington residents who have less than six months to live.

Attending physician means the physician who has primary responsibility for the care of the patient and treatment of the patient's terminal disease.

Consulting physician means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

Health care team member means a person licensed, certified, or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.

Forms

None.

Addenda

See Attachments

End of Life - Washington Death with Dignity Act: An Overview for Patients and Families - Washington Hospital Association

Initiative 1000 Position Statement – Washington Version of Death with Dignity Act

Regulatory Requirement

[RCW 70.245.](#)

[WAC 246-978.](#)

NOTE: Per WA DOH requirements, this policy needs to be posted on the DOH website and Swedish external website within 30 days of any changes to the policy.

References

[End of Life Washington](http://www.endoflifewa.org) (www.endoflifewa.org) – Website of an organization dedicated to supporting patients and families seeking end of life care and effective symptom management, while upholding their right to explore end of life options.

[Washington State Department of Health - Death with Dignity Act](http://www.doh.wa.gov/data-and-statistical-reports/health-statistics/death-dignity-act) (www.doh.wa.gov/data-and-statistical-reports/health-statistics/death-dignity-act) - Information from the DOH about the Death with Dignity Act including the law, regulation, and frequently asked questions.

Stakeholders

Author/Contact

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Co-Authors

Swedish Health Service Ethics Committee

Expert Consultants

Swedish Health Services Ethics Committee (August 2024)

Accreditation

Risk Management

Policy/procedure first created to reflect Medical Staff Bylaws changes; reviewed and approved: Medical Executive Committee

Sponsor

Swedish Health Service Ethics Committee

Stellent: SWED_018615

Attachments

[Death with Dignity Act - Washington State Hospital Association](#)

[Initiative 1000 Position Statement - Washington Version of Death with Dignity Act](#)

Approval Signatures

Step Description	Approver	Date
	Mary Alice Duthie: Clinical Program Manager RN	10/2024
	Lisa Hawley: Chief Mission Officer Service Area	09/2024

Applicability

WA - Swedish Medical Center, WA - Swedish Medical Group

Standards

No standards are associated with this document

Status **Active** PolicyStat ID **13882807**



SWEDISH

Origination 02/2002

Last Approved 07/2023

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Next Review 07/2026

Owner Rebeca Derkitt:
Manager Patient
Safety

Area Risk
Management

Applicability WA - Swedish
Medical Center

Document Administrative
Types and Clinical
Policy and
Procedure

Advance Directive and CPR Preference

Clinical Area: All clinical areas

Population Covered: All patients

Campus: Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond

Licensed Hospitals: Swedish Medical Center (First Hill, Ballard, Mill Creek, Redmond)
Swedish Medical Center / Cherry Hill (Cherry Hill)
Swedish Medical Center / Issaquah (Issaquah)
Swedish Edmonds (Edmonds)

Related Policies and Procedures:

[Advance Directive Status: Documentation](#)

[Bloodless Program: Refusal of Blood Products \(Adult\)](#)

[Code Blue: Cardiac/Respiratory Arrest in the Operating Room](#)

[Delivery of the Conditions of Admission Consent Form](#)

[Management of Resuscitation Preferences \(Code Status\)](#)

[Patient Rights](#)

[Witnessing or Notarizing a Patient's Legal Documents](#)

Purpose

To define the process for facilitating communication between patients and their physicians and/or

advanced practice clinicians (APCs) regarding individualized care orders concerning Advance Directives and resuscitation.

Policy Statement

All patients who have a cardiac or respiratory arrest are resuscitated unless the Physician/APC orders to *not* resuscitate are obtained. If a patient is classified as "Do Not Resuscitate" (DNR), the Physician/APC enters the resuscitation status order. Verbal resuscitation orders must be dated and signed or electronically authenticated by signature within 24 hours. Until the resuscitation status order is obtained, all patients are considered full code. The Resuscitation Order Sheet is completed by the Physician/APC, including identifying with whom (patient or legal next-of-kin) they have discussed the orders. (See also *Medical Rules and Regulations: Section X 10.1*)

If the patient arrives to a Swedish Medical Center (SMC) facility and provides a completed Physician Order for Life-Sustaining Treatment (POLST) form, these orders will be honored for up to 24 hours or until the content can be reviewed and converted into a resuscitation status order by the Physician/APC.

Upon emergency department (ED), ambulatory surgery, observation admission and/or inpatient admission, patients or their surrogates are also asked by registration caregivers (in ED) or nurse caregivers (all other clinical areas noted) whether they have Advance Directives and/or have expressed wishes concerning cardiopulmonary resuscitation (CPR) or other care issues in order to support an individualized plan of care that accurately reflects the patient's wishes.

No employee, hospital volunteer, Physician, or APC will act as a witness for any patient executing Advance Directives.

Every attempt is made to honor Advance Directives. If the clinical team has concerns related to the directives, resources such as the Ethics Consultation Committee are used to reach resolution. If the provider believes the care directed by the patient or surrogate is futile, the process within the [Potentially Inappropriate Care and Management of Disputed Treatment Requests](#) policy is followed.

LIP Order Requirement

Elements of this procedure require a Physician/APC order.

Responsible Persons

Patient Registration, Registered nurses (RN), Physicians, APCs licensed practical nurses (LPN), and nursing technicians (NT).

Prerequisite Information

CFR §489.102 is a federal regulation that requires hospitals to provide information about advanced directive policies to patients and maintain written policies and procedures concerning advanced directives with respect to all adult individuals receiving care. If an individual is incapacitated or otherwise unable to communicate, the hospital may provide Advance Directive information to the individual's family

or surrogate in accordance with state law.

§489.102(b)(1) requires that notice of the hospital's Advance Directive policy be provided at the time an individual is admitted as an **inpatient**. In view of the broader notice requirements, the hospital should also provide the Advance Directive notice to outpatients (or their representatives) who are in the **emergency department, on observation status, or undergoing surgery**. The notice should be presented at the time of registration. **NOTE:** Notice is not required for other outpatients, given that they are unlikely to become incapacitated. ([CMS State Operations Manual](#)).

Procedure

► Requires LIP order	
Responsible Person	Steps
Physicians/APCs, Nursing Staff	GENERAL CONSIDERATIONS <ol style="list-style-type: none">1. SMC provides all patients or their surrogates with information regarding a patient's right to make decisions concerning medical care, including the right to formulate Advance Directives.2. Nursing staff are responsible to inquire with all patients/surrogates whether written directions exist for medical treatment near the end of life. It is a patient/surrogate responsibility to inform staff and Physician/APC of any directives.3. It is documented in the emergency department, ambulatory surgery, observation admission and/or inpatient's medical record whether the individual has or has not executed Advance Directives. If the patient does not have advance directives, information regarding Advance Directives is offered. If the patient cannot respond or refuses information, this will be documented in the electronic medical record (EMR).4. SMC does not place any conditions concerning the provision of care or otherwise limit, withdraw, or refuse care to any individual based solely on whether or not the individual has Advance Directives.5. The Advance Directives are used in concert with further assessment to assure that the patient's intent and interests are accurately addressed.6. Specific procedures are outlined below to ensure that patients have the right to determine their course of treatment.
Patient Registration, Nursing Staff, Health Information Management	PREADMISSION <ol style="list-style-type: none">1. All pre-admitted surgical adult patients are advised in the preadmission packet to bring a copy of any signed Advance

► Requires LIP order	
	<p>Directives, living will, or durable power-of-attorney for health care, to the hospital.</p> <ol style="list-style-type: none"> 2. Patient Registration or delegated unit staff faxes the documents to Health Information Management (HIM) for scanning into the EMR (see Forms - Attachments for <i>Cover Sheet for Scanning Advance Directives</i> or <i>Cover Sheet for Scanning Advance Directives: Swedish Edmonds</i>). 3. Each patient receives and signs the <i>Condition of Admission</i> form in <i>Conditions of Admission</i> policy which describes the SMC policy for emergent care, namely to resuscitate all patients if a medical emergency occurs unless SMC has a Physician/ APC order stating otherwise. During this process, patients are given an opportunity to express their wishes surrounding emergent resuscitation.
Physicians/APCs, Clinical Staff	<p>EMERGENCY DEPARTMENTS (ED)</p> <ol style="list-style-type: none"> 1. Each ED patient receives and signs the <i>Condition of Admission</i> form in the <u><i>Conditions of Admission</i></u> policy which describes SMC policy for emergent care, namely to resuscitate all patients if a medical emergency occurs unless SMC has an Physician/ APC order stating otherwise. 2. Upon admit or when the patient is stabilized, a Patient Registration staff member asks the patient or their surrogate decision maker whether they have an Advance Directive(s). 3. If the patient/surrogate indicates they have an Advance Directive(s), the Patient Registration staff member verifies or records the location of the Advance Directive(s) in the EMR. If not found in the EMR, the patient/surrogate is asked that a copy be provided, which will be faxed to Health Information Management (HIM) for scanning into the patient's EMR - See Foms - Attachments (for Swedish Edmonds, <i>fax to ER Patient Registration</i>). <ol style="list-style-type: none"> a. If the patient has an Advance Directive but failed to bring a copy into the hospital, ED registration staff documents that the patient indicated they have an Advance Directive but it is not available. b. If the patient is incapacitated and no representative is available, and is subsequently admitted to the hospital, clinical staff documents their effort to obtain the patient's Advance Directive status and location. 4. If the patient has not completed these documents, they are offered an Advance Directive pamphlet <i>Advance Care</i>

► Requires LIP order	
	<p><i>Planning, (see Attachments)</i> to provide information regarding the patient's rights and choices.</p> <p>5. If the patient refuses this information, the refusal is documented in the EMR.</p> <p>NOTE: Advance Directive status(es) entered at ED admission are confirmed again by clinical staff upon observation or inpatient admission in clinical workflows.</p>
Nursing Staff, Health Information Management	<p>AMBULATORY SURGERIES, OBSERVATION ADMISSIONS, INPATIENTS</p> <ol style="list-style-type: none"> 1. Each patient receives and signs the <i>Condition of Admission</i> form in the <u><i>Conditions of Admission</i></u> policy which describes the SMC policy for emergent care, namely to resuscitate all patients if a medical emergency occurs unless SMC has a Physician/ APC order stating otherwise. During this process, patients are given an opportunity to express their wishes surrounding emergent resuscitation. 2. Upon admitting or pre-admission, the clinical caregiver also asks the patient or their surrogate decision maker whether they have completed Advance Directives [a living will or a Durable Power of Attorney for Health Care (DPOA)]. 3. If the patient/surrogate has completed these documents, the caregiver asks that a copy be provided for scanning into the patient's EMR. If copies are not readily available, documentation of key information (designates, DPOA, etc.) is written on the admit database. The patient/surrogate is encouraged to bring a copy into the hospital for scanning and reference. <ol style="list-style-type: none"> a. A new patient list column is available to track the status of the advance directive. The column displays the status of the document and the time the initial screening question was asked. b. Fax Advance Directive to HIM for scanning into the EMR (see Forms - Attachments for <i>Fax Cover Sheet for Swedish</i> or <i>Fax Cover Sheet for Swedish Edmonds</i>). 4. If the patient/surrogate has not completed these documents, information (<i>Advance Directive Booklet</i> - See Attachments) is offered. 5. If the patient/surrogate refuses this information, the refusal is documented in the EMR.
Physician/APC, Clinical Staff	POLST

► Requires LIP order	
	<ol style="list-style-type: none"> 1. If the patient or surrogate brings a completed POLST form (or copy) to the hospital, this is honored until the Physician/APC enters these directions into the patient's resuscitation orders, which must occur within 24 hours.
Patient Registration	<p>HOSPITAL OUTPATIENT DEPARTMENTS</p> <ol style="list-style-type: none"> 1. Each patient is given and signs the <i>Conditions of Admission</i> form in Conditions of Admission policy which describes the SMC policy for emergent care, namely to resuscitate all patients if a medical emergency occurs unless there is a Physician/APC order stating otherwise. 2. Per CMS, documentation of Advance Directive status is not required in all hospital outpatient clinic settings, given that the patient is not likely to become incapacitated. Some hospital outpatient settings with recurring patients (oncology, psychiatry) record this information.
Physician/APC, Clinical Staff	<p>HONORING PATIENT WISHES FOR NO EMERGENT CARE</p> <ol style="list-style-type: none"> 1. If a patient/surrogate expresses a wish for no emergent care, the clinical staff of the unit alerts the Physician/APC. 2. The Physician/APC then has a conversation with the patient/surrogate and documents the outcomes of the discussion in the progress notes. 3. If an order for Do Not Resuscitate is warranted, the Physician/APC provides the order for staff. DNR must be signed/dated or e-authenticated within 24 hours by the Physician/APC. (See <i>Medical Staff Rules & Regulations: Section X. 10.1</i>)
Physician/APC, Clinical Staff	<p>REVOCATION</p> <ol style="list-style-type: none"> 1. If a patient/surrogate wishes to revoke an Advance Directive, he or she may do so by indicating this verbally. The appropriate staff member: <ol style="list-style-type: none"> a. Documents in the medical record what the patient stated. ► b. Notifies the attending Physician/APC and documents the conversation in a Progress Note in the EMR. c. Returns any related document(s) in the medical record to the patient. d. If original documents were scanned into the EMR, alert Health Information Management to change the description in the EMR under scanned documents to "Void as of xxx date".
Physician/APC, Clinical Staff	<p>TRANSFER OF PATIENTS TO OTHER FACILITIES</p> <ol style="list-style-type: none"> 1. Nursing staff makes copies of any Advance Directives in the patient's chart when the patient is transferred to a nursing home, other hospital, skilled nursing facility, or hospice organization.

► Requires LIP order	
	<p>2. A copy of any Advance Directive is sent with other transfer documentation.</p> <p>► 3. The Physician/APC carries over any <i>Do Not Resuscitate</i> orders as part of the transfer orders.</p>

Definitions

Advance Directives. A document in which an individual either states choices for medical treatment or designates who should make treatment choices if the person loses decision-making capacity. Examples of Advance Directives include a living will and durable power-of-attorney for health care.

Living Will. A document in which an individual can stipulate the kind of life-prolonging medical care he or she would want if terminally ill and unable to make medical decisions.

Durable Power-of-Attorney for Health Care (DPOA). A document in which an individual names someone else (the "agent" or "proxy") to make health care decisions in the event the individual becomes unable to make them him/herself.

Resuscitation. Full application of CPR, including intubation, electrical therapy, and appropriate medications.

POLST. Physician Orders for Life Sustaining Treatment. This is a document, signed by the patient and the physician that outlines the patient's wishes for life-sustaining medical treatment.

Forms

See Attachments

- POLST - Physician Orders for Life-Sustaining Treatment form rev 4-2021
- Advance Directive WA - EZ Form - WA rev 8-21 (see [Institute for Human Caring - Advance Care Planning site](#))
- Advance Directive WA - Long Form 631130-WA2 rev 6-23 (see [Institute for Human Caring - Advance Care Planning site](#))
- Cover Sheet for Scanning Advance Directives (Fax cover sheet)
- Cover Sheet for Scanning Advance Directives: Swedish Edmonds (Fax cover sheet)

Addenda

See Attachments

Advance Care Planning (ADMN-13-12500)

Welcome To Providence Swedish Patient and Family Handbook (ADMN-17-0268)

Specific pages educate the patient about CPR and general policy statements.

Patient Rights (poster, flyers or online). See [System-wide Patient Rights and Responsibilities Policy](#)

[PSJH-CLIN-1206](#) and *Patient Rights and Responsibilities* poster - see [Providence Patient Rights Sharepoint site](#).

Describes the many rights patients have during their healthcare stay, including "To make advance treatment directives, such as Durable Power of Attorney for Health Care and Living Wills, or Physician Order for Life Sustaining Treatment (POLST), and to have caregivers follow your wishes."

Supplemental Information

The Code Blue Committee reviews all resuscitation codes and establishes appropriate performance improvement actions and feedback.

Regulatory Requirements

Det Norske Veritas (DNV) (NIAHO) standard PR.3.

Centers for Medicare & Medicaid Services. CFR §482.13(b)(3), §489.100 (Advance Directive Definition), §489.102(b)(1) (Advance Directive Notification Requirements for Providers).

WA DOH: This policy needs to be posted on the DOH website and Swedish external website within 30 days of any changes to the policy.

WAC 246-320-141 (1)(k).

The Patient Self-Determination Act. Sections 4206 and 4761 of the Omnibus Budget Reconciliation Act of 1990.

Washington State's Natural Death Act (1992). [RCW 70.122](#).

Washington State Hospital Association (WSHA) [POLST - POLST Form - POLST Brochure \(wsma.org\)](#)

Stakeholders

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Expert Consultants

Accreditation

Risk Management

Patient Access Leadership

Sponsor

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Stellent: SWED_006678

Attachments

[Advance Care Planning brochure ADMN-13-12500 rev 2-23.pdf](#)

[Advance Directive - DPOA WA Frequently Asked Questions rev 12-21.pdf](#)

[Advance Directive WA - EZ Form - WA rev. 8-21.pdf](#)

[Advance Directive WA - Long Form 631130-WA2 rev 6-23.pdf](#)

[Edmonds Campus Cover Sheet for Scanning Advance Directives.pdf](#)

[Fax Cover Sheet for Scanning Advance Directives](#)

[POLST - Physician Orders for Life-Sustaining Treatment form rev 4-21](#)

[SWEDISH End of Life Hospital Services Forms - all campuses 346-144 rev. 2024.pdf](#)

[Welcome to Providence Swedish Patient and Family Handbook booklet ADMN-17-0268 05-23.pdf](#)

Approval Signatures

Step Description

Approver

Date

Standards Committee Program
Manager

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Educator

07/2023

Approver

Paula Horne: Senior Risk
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07/2023

Owner

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07/2023

Applicability

WA - Swedish Medical Center

Standards

No standards are associated with this document