

CARING FOR OUR COMMUNITY LIKE FAMILY

Overview of Medical Aid in Dying and the Washington Death with Dignity Act

Take Away



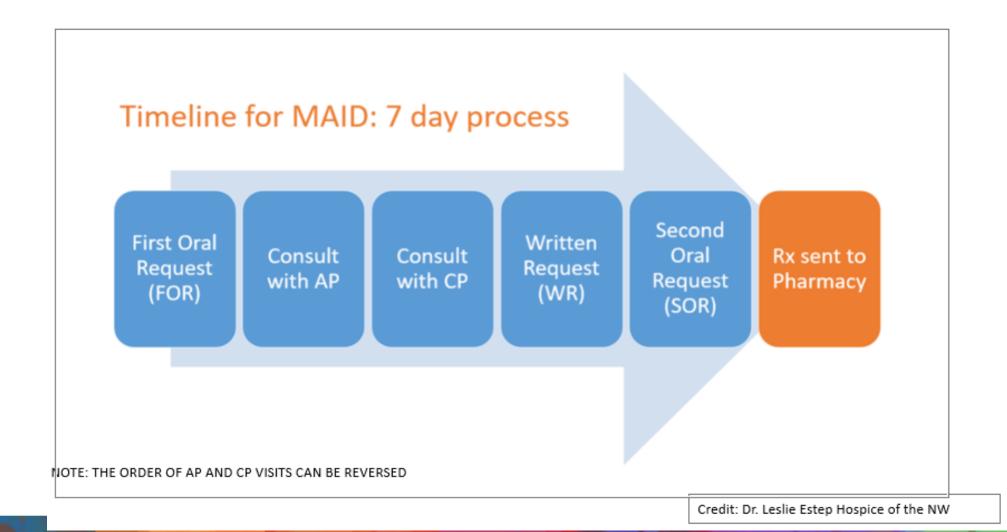
DwD Background

 The Washington Death with Dignity Act, Initiative 1000, passed on November 4, 2008, and went into effect on March 5, 2009. This Act allows some terminally ill patients to request and use lethal doses of medication from qualified medical providers as part of their endof-life care.

DwD Requirements

- A terminally ill patient must be eligible to use the Death with Dignity end-of-life care:
- Resident of Washington State
- 18 years of age or older
- Must be capable of making and communicating health decisions for yourself
- Must be diagnosed with a terminal illness that will lead to death within six months
- Must be able to self administer the medication
- Two providers must determine whether these criteria have been met
 - Nurse Practitioners & PA's eligible to participate
 - One provider must be fully licensed MD or DO—Residents are unable to participate—but are able to help counsel & educate their patients

DwD Timeline



Optional Psychiatric Evaluation

- A psychiatric diagnosis does NOT preclude access to MAiD
- Either AP or CP can request if concern about patient's mental capacity/ability to make informed medical decision about MAiD
- A qualified psychiatric professional
 - Psychiatrist
 - Psychologist
 - Independent clinical SW, advanced SW
 - Mental health counselor
 - Psychiatric ARNP
 - Will assess if patient's medical decision-making capacity is impaired by underlying illness
 - <3% of WA MAiD cases require psychiatric assessment</p>

The Role of the Providers

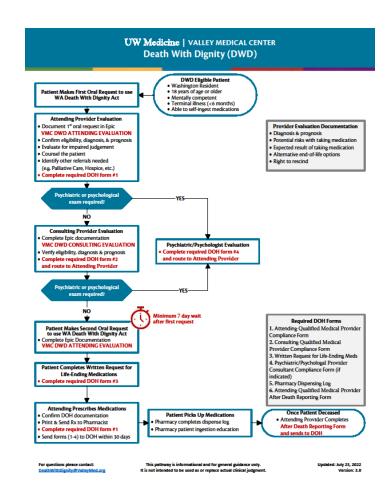
Attending (Prescribing) Provider

- •Verify patient meets requirements of the law including intact decision-making capacity
- •Informed decision-making discussion
- Expected natural course of their disease
- Risks/benefits/alternative for MAiD
- •Assess medical issues that may require change in med doses or route of ingestion
- Write and send the prescription
- •Complete and submit required paperwork to DOH
- •Within 30 days of writing prescription (AP form, CP form, WR form, optional psych form)
- Within 30 days of death from any cause (AP after death form)

Consulting Provider

- Assess the patient and the medical records
- •Confirm the patient meets requirements of the law including intact decision-making capacity
- Discuss right to rescind

DwD Care Pathway at VMC



DwD Policy at VMC

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PALLIATIVE CARE
DEATH WITH DIGNITY ACT

POLICY STATEMENT

This policy describes the requirements and process for responding to requests to receive medication to end their life as described in the Washington State Death with Dignity Act (Initiative 1000).

POLIC

Valley Medical Center, Public Hospital District No. 1 of King County participates as a provider under the 'Washington State Death with Dignity Act.' By participating, Valley Medical Center demonstrates our respect for the right of patients or make choices, in partnership with their long-term healthcare providers, related to their own end-of-life care. Valley Medical Center recognizes as well, the right of any health-care provider to counsel patients on their options and to participate, if they so choose, in activities under 1-1000. Additionally, we acknowledge and respect the right of any health-care provider to decline to participate in activities specific to 1-1000.

Valley Medical Center providers and employees based on their role may, as applicable:

- Perform the duties of an attending provider (licensed MD or DO, Physician Assistant, or Advanced Registered Nurse Practitioner)
- Perform the duties of a consulting provider (licensed MD or DO, Physician Assistant, or Advanced Registered
 Nurse Practitioner)
- · Perform the duties of a psychiatric/psychological consultant;
- Prescribe medication under this Act;
- Fill a prescription under this Act;
- Assist in patient or provider support related to this Act

A physician (licensed MD or DO) must serve in either the attending or consulting role for a patient requesting medications under the Death with Diginiy act. The attending medical provider and consulting medical provider may not have a direct supervisory relationship with each other.

Additional roles may include ethics consultants, a Palliative Care consultant, a social worker, a nurse manager, and a spiritual care representative.

Under the Act, the attending provider is responsible for ensuring that the mandated procedures and documentation are completed. However, specific procedure and documentation requirements will be assigned to identified team members (ie, consulting provider will complete Consulting Qualified Medical Provider Compliance form). For more details, please reference the Death with Dignity Procedure document and the Death with Dignity Care Pathway.

Non VMC established patients should be referred to End of Life Washington. Residents should notify their attending physicians about any patient requests, as they are not authorized under Valley Medical Center policy to participate as statutory providers under the Act.

If there is disagreement among the attending provider, consulting provider, and consulting psychiatrist (as applicable) regarding a patient's qualification to invoke this Act, such as ability to make an informed decision, terminal disease status, concern for coercion, or regarding whether the patient's needs would best be met in other ways, the case can

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pg. 1 of 3

DwD Procedure

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DEATH WITH DIGNITY: PROCEDURE

PROCEDURE STATEMENT:

This procedure outlines the steps required for patients and providers to participate in the Death with Dignity (DWD) act at Valley Medical Center. Please reference the DWD Policy and DWD Care Pathway for additional information.

PROCEDURE:

Day 0-7: Requests and Eligibility Determinations

- Patient makes 1st oral request to attending provider, consulting provider, or hospitalist if admitted
 - a. Hospitalists are permitted to serve as a consulting provider.
 - b. An oral request, as long as it is appropriately documented in the patient's chart, will begin the 7 day
- 2. Patient identifies and sees attending provider (can be at the same time as 1st oral request)
 - a. Attending provider responsibilities:
 - i Verify natient's WA state residency
 - ii. Determine that patient has a terminal illness
 - iii. Determine that the patient has 6 months or less to live

 - v. Refer for psychiatry/psychology consult if needed: contact End of Life Washington for resources
 - 1. A psychiatric/psychological consultant should be involved if there is uncertainty about the patient's ability to make and communicate an informed decision. The consultant's role is to ensure that the patient is not suffering from a psychiatric or psychological disorder causing impaired judgment.
 - 2. The types of providers who may provide counseling include psychologists, psychiatrists, independent clinical social workers, advanced social workers, mental health counselors, and psychiatric advanced registered nurse practitioners.
 - vi. Inquire about financial, social issues
 - vii. Ask about possible coercion
 - viii. Discuss alternatives to aid in dying
 - ix. Recommend patient notify next-of-kin
 - x. Inform patient of the following:
 - 1. Diagnosis
 - 2. Prognosis
 - 3. Risk of ingesting medication
 - a. Including information about the medication being in the form of a bitter liquid, and cost estimates for the medication (typically \$700-900).

 - 5. End-of-life alternatives, including the option to elect hospice while pursuing Death with
 - 6. Need for provider notification when the patient dies, regardless of ingestion (family member, other loved one, or hospice)
 - xi. Inform patient of right to rescind—1st time
 - If this procedure is printed, it may be out of date: go to SharePoint for the latest copy

pg. 1 of 6

DwD in EPIC – Documentation and Prescribing

SmartSet: DWD

SmartText:

- VMC DWD Consulting Evaluation
- VMC DWD Attending Evaluation

Document first oral request if the patient meets requirements

MAiD Prescription

Current evidence-based recommendation: DDMAPh

- Digoxin 100 milligrams
- Diazepam 1 gram
- Morphine sulfate 15 grams
- Amitriptyline 8 grams
- Phenobarbital 5 grams

Death Certificate Requirements

- Noted as a Natural Death
 - Legally defined as NOT suicide
- Cause of death = underlying terminal condition
 - No mention of MAiD, overdose, etc

Resources

- Valley Sharepoint: Death with Dignity
- DWD@valleymed.org
- Palliative Care Identify as a DwD referral in comments
 - Prior to referral
 - Ensure patient meets requirements
 - Document expected life expectancy
 - Document first oral request
 - Today [patient's name] made the first oral request for life-ending medication under the Death with Dignity law.
- End of Life Washington
- A Sacred Passing
 - A Place to Die

Epic Smart Set Orders

