

Yakima Valley Memorial Hospital ("Memorial")

POLICY NO:

WASHINGTON DEATH WITH DIGNITY ACT/INITIATIVE 1000

I. STATEMENT OF MEMORIAL'S PHILOSOPHY

- A. Memorial believes our providers, including physicians and others involved in patient care, 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, palliative care, hospice care, and pain control. Ultimately, Memorial's goal is to help patients make informed decisions about end-of-life care.

II. DEFINITIONS

The definitions of terms under this policy shall be consistent with the definitions of terms in the Washington State Death with Dignity Act ("Act") and the future interpretations thereof.

- A. "Attending physician" means the physician who has primary responsibility for the care of the patient and treatment of the patient's terminal disease.
- B. "Competent" means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, 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 communicating if those persons are available.
- C. "Consultation" means performing the duties listed in Appendix A of this policy, including the duties of the attending physician, the consulting physician, and providing counseling in connection with the provision of life-ending medication.
- D. "Consulting physician" means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.
- E. "Counseling" means one or more consultations as necessary between a state licensed psychiatrist or psychologist 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.

- F. "Dispensing" means the act of providing drugs or medicines to a patient or his or her representative pursuant to a lawful prescription. Dispensing includes all Memorial staff participation in obtaining or providing life-ending medications at the request of the patient.
- G. "Patient" means a person who is under the care of a physician.
- H. "Prescribe" means providing a written prescription to a patient for life ending medication in accordance with the requirements of the Act.
- I. "Provider" 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. Physicians are included in this definition.
- J. "Informed decision" means a decision by a qualified patient, to request and obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:
 - 1. His or her medical diagnosis;
 - 2. His or her prognosis;
 - 3. The potential risks associated with taking the medication to be prescribed;
 - 4. The probable result of taking the medication to be prescribed; and
 - 5. The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.
- K. "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in the state of Washington.
- L. "Qualified patient" means a competent adult over the age of 18 who is a resident of Washington State and has satisfied the requirements of the Act 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.
- M. "Self-administer" means a qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner.

- N. "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.
- III. PROVIDING CONSULTATION AND PRESCRIBING OF LIFE-ENDING MEDICATION IS ALLOWED
- A. Pursuant to the professional judgment of individual physicians and consistent with the legal requirements of the Act, Memorial will allow physicians to provide consultation regarding activities permitted under the Act and prescribe life-ending medications to qualified patients on the hospital's premises and at facilities owned and controlled by Memorial.
- B. The following activities are not permitted under this policy: (1) dispensing life-ending medication prescribed under the Act to patients, and (2) allowing patients to self-administer such medication on hospital premises or in buildings owned and operated or leased by Memorial. Please refer to Section IV for guidance regarding activities that are prohibited by Memorial.
- C. It is the physician's responsibility to ensure the correct procedures are followed and the correct documentation is completed in accordance with the Act and hospital policy. Physicians participating in consultation and prescribing of life-ending medications under the Act shall document all such activities in the patient's medical chart and shall be responsible for submitting required documentation to the Department of Health. The steps included in the attached checklist should be followed carefully and documented appropriately. The required forms under the Act are attached to this policy and are located in the supervisor's office at the hospital. Forms are from the Washington State Hospital Association and include documentation of activities that are not permitted at Memorial (dispensing and self-administration).
- D. Memorial's administration may provide oversight and may review records to the extent necessary to ensure all the safeguards of the law have been followed and the required documentation completed and submitted to the Department of Health.
- E. Memorial does not mandate that physicians provide consultation about life-ending medication and/or prescribe life-ending medication to a patient, nor does it encourage any physician to do so. Only those physicians who are willing and desire to provide consultation and/or prescribe life-ending medication should do so.
- F. While providing consultation to patients regarding life-ending medication and/or prescribing life-ending medication, physicians must ensure that the requirements of the Act are met.

- G. All physicians at Memorial are expected to respond to any patient's query about life-ending medication with openness and compassion.

IV. DISPENSING LIFE-ENDING MEDICATIONS PRESCRIBED UNDER THE ACT AND/OR PATIENT SELF-ADMINISTRATION OF SUCH MEDICATIONS IS PROHIBITED.

- A. Memorial has chosen to not participate under the Death with Dignity Act with respect to the dispensing of life-ending medications that have been prescribed under the Act and the self-administration of such medications by patients. This means that in the performance of their duties, Memorial physicians and other providers, employees, independent contractors and volunteers shall not dispense life-ending medications prescribed under the Act or allow a patient to self-administer such medications on the hospital's premises or in buildings owned and operated or leased by Memorial.
- B. These prohibitions apply to all Memorial owned and operated facilities and facilities leased by Memorial, including but not limited to the following, which may be revised as appropriate by Memorial administration: the Yakima Valley Memorial Hospital, 16th Avenue Station, Children's Village, Children's Village Sunnyside, Cornerstone Medical Clinic, Family Medicine of Yakima, Garden Village, Home Health and Hospice, North Star Lodge Cancer Center, Memorial Specialty Medicine Clinic, North Star Sunnyside Clinic, 'Ohana Mammography Center, Pacific Crest Family Medicine, Sleep Center at Memorial, Valley Imaging, Yakima Gastroenterology Associates, Cascade Surgical Partners, Yakima Neurosurgery Associates, Yakima Plastic Surgery Associates, Surgi-Center at Memorial, and Water's Edge Pain Center.
- C. The prohibitions against the dispensing of life-ending medications prescribed under the Act and the self-administration of such medications by patients set forth herein shall not apply at facilities owned by Memorial that are leased by a third party (i.e. a party that is not an affiliate of Memorial).
- D. No patient will be denied other medical care or treatment because of the patient's request that a physician dispense life-ending medications and/or because of the patient's desire to self-administer such medications. The patient will be treated in the same manner as all other Memorial patients. The appropriate standard of care will be followed.
- E. Any patient who desires the dispensing and/or administration of life-ending medications prescribed under the Act while on the hospital's premises, or at a facility that is owned and controlled by Memorial, will be assisted in transfer to another facility of the patient's choice. Memorial will assist in the discharge planning as needed and appropriate. Patients may also be referred to the organization Compassion and Choices of

Washington (at www.candcofwa.org or 1-877-222-2816) for additional information regarding the Act.

- F. Procedure for patient requests for the dispensing of life-ending medications prescribed under the Act and/or the self-administration of such medications:
1. All patients will be provided with educational materials about end-of-life options. These materials will include a statement that Memorial does not permit dispensing life-ending medications prescribed under the Act and the self-administration of such medications on hospital premises or in building owned and operated by Memorial.
 2. If, as a result of learning of Memorial's decision not to dispense life-ending medications prescribed under the Act and/or not to allow patients to self-administer such medications, the patient wishes to have care transferred to another hospital of the patient's choice, Memorial staff will assist in making arrangements for the transfer where possible. The relevant medical records will be transferred to the physician taking over the patient's care. The patient's primary clinical care giver will be responsible for:
 - a. Informing the patient's attending physician as soon as possible and appropriate under the circumstances, that the patient wishes the dispensing of life-ending medications and/or to have the ability to self-administer such medications.
 - b. Ensuring that the medical record is complete and all required documentation is included. Where available, 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 help ensure continuity of care.
 - d. Documenting communication in the patient's medical record.

V. ACTIVITIES NOT PROHIBITED UNDER THIS POLICY

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

- B. Nothing in this policy prevents a physician or other provider from providing information about the "Washington State Death with Dignity Act" to a patient when the patient requests such information.
- C. Nothing in this policy prohibits a physician who is employed by or who is an independent contractor of Memorial from fully participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of Memorial.
- D. Nothing in this policy prohibits a physician from providing consultation or prescribing of life-ending medications to patients in accordance with the procedures set forth in the Act.

VI. SANCTIONS

- A. If a provider or employee participates in the Act beyond what is allowed in this policy, Memorial may impose sanctions on that provider or employee. Memorial shall follow due process procedures provided for in the Medical Staff Bylaws or policies relating to Allied Health Professionals. Sanctions may include, but are not limited to:
 - Medical Staff: Restriction or loss of medical staff privileges or other action deemed appropriate under the Medical Staff Bylaws;
 - Employees: Appropriate employment action, up to and including termination of employment;
 - Allied Health Professionals: Restriction or loss of Allied Health privileges or other appropriate action.
 - Independent Contractors: termination of contracts with Memorial and/or other appropriate action
 - Volunteers: Sanctions determined appropriate by Memorial, including removal from the premises of Memorial.
- B. Sanctions shall be imposed at the sole discretion of Memorial, its Medical Staff, or other designated body, and there shall be no requirement that sanctions be progressive. An investigation into alleged violations of this policy shall be commenced as appropriate.

VII. PUBLIC NOTICE

- A. Memorial 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 its 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 notifications regarding patient's rights and responsibilities.

Laws/Regulations:

Initiative 1000/Washington Death with Dignity Act

Washington State Department of Health Regulations Chapter 246-978 WAC

Reference Materials:

The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals

APPENDIX A: DUTIES INCLUDED IN THIS POLICY

I. ATTENDING PHYSICIAN DUTIES

- 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. Factors demonstrating Washington state residency include but are not limited to:
 - 1. Possession of a Washington state driver's license;
 - 2. Registration to vote in Washington state; or
 - 3. Evidence that the person owns or leases property in Washington State;
- 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 medication to be prescribed;
 - 4. The probable result of taking the medication to be prescribed; and
 - 5. The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control;
- D. Refer the patient to a consulting physician 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, in the opinion of the attending physician, a 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 psychiatric or psychological disorder or depression causing impaired judgment.
- F. Recommend that the patient notify next of kin;

- G. Counsel the patient about the importance of having another person present when the patient takes the medication prescribed under the Act and of not taking the medication in a public place;
- H. Inform the patient that he or she has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the fifteen-day waiting period;
- I. Verify, immediately before writing the prescription for medication under the Act, that the patient is making an informed decision;
- J. Fulfill the appropriate medical record documentation requirements, including:
 - 1. All verbal requests by a patient for medication to end his or her life in a humane and dignified manner;
 - 2. All written requests by a patient for medication to end his or her life in a humane and dignified manner;
 - 3. The attending physician's diagnosis and prognosis, and determination that the patient is competent, is acting voluntarily, and has made an informed decision;
 - 4. The consulting physician's diagnosis and prognosis, and verification that the patient is competent, is acting voluntarily, and has made an informed decision;
 - 5. A report of the outcome and determinations made during counseling, if performed;
 - 6. The attending physician's offer to the patient to rescind his or her request at the time of the patient's second oral request for life-ending medication; and
 - 7. A note by the attending physician indicating that all requirements under the Act have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed.
- K. Ensure that all appropriate steps are carried out in accordance with the Act before writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner; and
- L. The attending physician may sign the patient's death certificate, which shall list the underlying terminal disease as the cause of death.

II. CONSULTING PHYSICIAN DUTIES

- A. A consulting physician shall examine the patient and his or her relevant medical records and confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease, and verify that the patient is competent, is acting voluntarily, and has made an informed decision.
- B. Refer the patient for counseling if, in the opinion of the consulting physician, a 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 psychiatric or psychological disorder or depression causing impaired

III. DUTIES CONCERNING THE PROVISION OF COUNSELING UNDER THE ACT

- A. If, in the opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient for counseling. 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 psychiatric or psychological disorder or depression causing impaired judgment.