



## **Death With Dignity Act FAQ**

These questions and answers contain general information about the effect of Initiative 1000, the state's Death with Dignity Act. Refer to the official act for specific details under this law.

### **What is the Death with Dignity Act?**

The Death with Dignity Act 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.

### **Who can request medication under this act?**

Only a qualified patient may make a written request for medication that they will self-administer to end their life. A qualified patient means a competent adult who is a Washington resident suffering from a terminal illness that will lead to death within six months.

### **How do you establish residency in Washington?**

Examples of proof of residency include, but are not limited to, possession of a Washington driver's license, registration to vote in Washington, or evidence that the qualified patient owns or leases property in Washington.

### **How can a qualified patient make a written request for medication under this act?**

The form provided by the Department of Health or one very similar must be used. The qualified patient must sign and date this form and at least two people must witness the signature. These witnesses must declare that to the best of their knowledge and belief the patient is competent, acting voluntarily, and is not being coerced to sign the request.

### **What are the requirements for a witness?**

The act states that one of the witnesses cannot be:

- "A relative of the qualified patient by blood, marriage, or adoption;
- A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or
- An owner, operator, or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident."
- The patient's attending physician at the time the request is signed is not eligible to serve as one of the witnesses.

If the qualified patient is a resident of a long-term care facility, one of the witnesses shall be a person designated by the facility and cannot violate any of the above exclusions. This witness may be, but is not limited to, an ombudsman, chaplain, or social worker.

**Who can write a prescription for medication under this act?**

Only a doctor of medicine or osteopathy licensed to practice medicine in Washington may write this prescription.

**Can any other practitioner write a prescription for medication under this act?** No.

**Does a physician or pharmacist have to participate in this act?**

No, participation is entirely voluntary. Health care providers are not required to provide prescriptions or medications to qualified patients.

**Does the physician have to be present at the time the qualified patient self-administers medication under this act?** No, the law does not require a physician to be present.

**How can a patient complain about a physician who violates this act?**

All complaints against physicians and other health care providers in Washington are reviewed by the Division of Health Systems Quality Assurance. You can contact the Complaint Intake Office at: 360-236-4700 or [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov).

**Are qualified patients required to notify their families of this decision?**

No, the qualified patient is not required to notify their family. The act states that the attending physician must “recommend that the patient notify next of kin” of the request for medication..

**Does the qualified patient have to make an oral request for medication?**

Yes, the qualified patient must make an initial oral request, a written request, and then a second oral request after at least 15 days. When the qualified patient makes the second oral request, the attending physician must offer an opportunity to rescind that request.

**Can the patient withdraw the request for medication under this act?**

Yes, a qualified patient may withdraw the request at any time and in any manner. The act states that the attending physician cannot write a prescription for medication under this act without first “offering the qualified patient an opportunity to rescind the request.”

**How long must a qualified patient wait before receiving the prescription under this act?**

The qualified patient must wait at least 15 days between their first and second oral requests. The attending physician must wait at least 48 hours between the date the patient signs the written request and writing the prescription for medication under this act.

**What forms does the attending physician have to submit to the Department of Health?**

Within 30 calendar days of writing a prescription for medication under this act, the attending physician must send the following completed, signed, and dated forms by mail to the State Registrar, Center for Health Statistics, P.O. Box 47856, Olympia, WA 98504-7856 (See [www.doh.wa.gov/dwda](http://www.doh.wa.gov/dwda) for forms):

- The qualified patient’s completed written request for medication to end life, either using the [Written Request for Medication to End My Life in a Humane and Dignified Manner form, DOH 422-063](#), or in substantially the same form as described in the act;
- [Attending Physician’s Compliance form, DOH 422-064](#);

- [Consulting Physician's Compliance form, DOH 422-065](#); and
- [Psychiatric/Psychological Consultant's Compliance form, DOH 422-066](#), if an evaluation was performed.

Within 30 calendar days of a qualified patient's ingestion of lethal medication obtained under the terms of the act, or death from any other cause, whichever comes first, the attending physician must complete the [Attending Physician's After Death Reporting form, DOH 422-068](#).

If the attending physician is permitted by law to dispense medication and does so under this act, they must also submit a copy of the [Pharmacy Dispensing Record Form, DOH 422-067](#) within 30 days of dispensing medication.

### **Does the pharmacist have to file a report after they dispense the medication?**

Yes. Within 30 days of dispensing medication, the dispensing health care provider must submit a copy of the Pharmacy Dispensing Record Form, DOH 422-067, to the State Registrar, Center for Health Statistics, P.O. Box 47856, Olympia, WA 98504-7856.

### **How does a patient dispose of unused medication?**

Any medication dispensed under this act that was not self-administered must be disposed of by lawful means. Medications prescribed for death with dignity are controlled substances. Due to federal restrictions, controlled substances may not be returned to a pharmacy or be given to a "medication take back program." Some law enforcement agencies accept controlled substances for disposal. Local law enforcement should be contacted first to see if they will accept unused medications for disposal.

If local law enforcement agency will not accept the medications, the medications should be thrown in the garbage. The federal Food and Drug Administration (FDA) provides recommendations for disposing of medications:

- Follow all specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless the instructions say that's appropriate.
- If no instructions are given, throw the drugs in the household trash after taking them out of their original containers and mixing them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through trash.
- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.

The info is online at: [www.fda.gov/consumer/updates/drug\\_disposal062308.html#Guidelines](http://www.fda.gov/consumer/updates/drug_disposal062308.html#Guidelines).

Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect patient identity and the privacy of personal health information.

### **What are the responsibilities of the Department of Health?**

The Department of Health will collect reported data, ensure the quality of the data, and provide an annual statistical report. The agency's Center for Health Statistics will collect all of the forms sent by attending physicians and pharmacists. Staff will review these records and if any are inadequate or incomplete, they will contact the physician or pharmacist. The information collected by the agency is not public record and will only be released as summarized data in the annual statistical report. The agency adopted rules on doctor/pharmacist reporting requirements.

### **Are life, health, or accident insurance or annuity policies affected by making or rescinding a request for medication under this act, or by ingesting medication to end a patient's life?**

No. The act states that "the sale, procurement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged for any policy shall not be conditioned upon or affected by the making or rescinding of a request, by a person,

for medication that the patient may self-administer to end his or her life in a humane and dignified manner. A qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner shall not have an effect upon a life, health, or accident insurance or annuity policy."

**Are there any protections for health care providers that participate in this act or patients that request medication under this act?**

Yes. The act states that "a person shall not be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this Act. This includes being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner. A professional organization or association, or health care provider, may not subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in good faith compliance with this Act. A patient's request for or provision by an attending physician of medication in good faith compliance with this Act does not constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator."

**Can a health care facility prohibit its physicians or pharmacists from participating?**

Yes. The act states that "a health care provider, including a health care facility, may prohibit another health care provider from participating on their premises if the prohibiting provider has given notice, in writing, to all health care providers with privileges to practice on the premises and to the general public of the prohibiting provider's policy regarding participation under this act."

**Can a physician or pharmacist participate in this act while working outside of their positions with a health care facility that prohibits participation?**

Yes. The act states that a health care facility can not prohibit "a health care provider from participating in this act while acting outside the course and scope of the provider's capacity as an employee or independent contractor; or a patient from contracting with his or her attending physician and consulting physician to act outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider."

**If a health care facility prohibits its physicians or pharmacists from participating in this act, can the physician or pharmacist still provide information about this act to patients who request it?**

Yes, facilities cannot sanction physicians or pharmacists for the following:

- Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis;
- Providing information about the Washington Death with Dignity Act to a patient upon the request of the patient;
- Providing a patient, upon the request of the patient, with a referral to another physician; or,
- A patient contracting with his or her attending physician and consulting physician to act outside of the course and scope of the provider's capacity as an employee or independent contractor of the prohibiting health care facility.

**If a physician does not want to participate, does the act require a referral to a physician who will? No.**