Policies of Washington Hospices on the Death with Dignity Act

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Hospice Vignettes

Vignette 1

• 61 yo male patient with end-stage MS
• No family
• Requests death with dignity, attending physician refuses
• Patient rights organization refuses, concerns with self-administration of prescription
• Hospice publicly identified as “neutral”
• Nursing coordinator becomes patient advocate to find cooperating physicians
Hospice Vignettes

Vignette 2

- Patient requests prescription, hospice respects the physician-patient relationship
- No hospice presence at ingestion
- Patient requests hospice not notify family due to religious concerns, ex-husband
- Patient takes medication, hospice nurse called to confirm death
- Family visit and feel betrayed: “why didn’t you tell us about this?”
- Nurse feels she has deceived the family
Hospice Vignettes

Vignette 3

• Nurse and patient develop relationship of deep meaning
• Patient requests nurse to be present when he takes medication
• Hospice policy prohibits presence
• Nurse experiences moral distress, conflict re: patient, professional, and hospice values
• Nurse decides: “I’ll go as a friend, not a hospice nurse”
National Hospice Programs


- Hospice and palliative care are “alternatives” to physician-assisted suicide

- “Opposed to legalization of physician-assisted suicide”

www.nhpco.org/files/public/
Hospice and Palliative Nurses Assn.

2011 Position Statement

• “Oppose legalization of assisted suicide”

• Advocates for humane and ethical care and ensure non-abandonment of patients who request aid-in-dying

www.hpna.org
American Academy of Hospice and Palliative Care Physicians

• **Statement on “Physician-Assisted Death”**

• **Persistence of “severe suffering” may generate request for lethal medication**

• **Adopt position of “studied neutrality”**

• **In states where PAD is legalized, hospice physicians seek to make it a last resort**

www.aahpm.org/positions/
Research Questions and Analysis

35 WSHPCO hospice programs contacted (+ 1) non-affiliated hospice, 32 responses

1) What nomenclature is used by programs to describe the action legalized by the WDDA?
2) What values of the hospice ethos or philosophy are represented in policies?
3) What positions are affirmed on the question of staff presence at time of ingestion?
4) What general positions are articulated regarding program/staff involvement in WDDA?
NAMING THE ISSUE

Washington Hospice Terms on WDDA

N=33

Physician Assisted Suicide
Physician Assisted Death
Physician Aid in Dying
Patient Self-administration
Hastened Death
Death with Dignity
NAMING THE ISSUE: OREGON

Oregon Hospice Terminology on ODDA

N=55
Core Values of the Hospice Ethos

- Dying as a natural process
- Commitment to neither prolong nor hasten death
- Compassion provision of methods to relieve pain and/or suffering
- Patient (and family) participation in decision-making
- Fidelity to patient welfare that includes non-abandonment
Permitted
Post-Ingestion
Restricted
Presence at Medication Ingestion: Oregon

- Permitted
- Prohibited
- No Statement
Assessing Extent of Participation

1. A hospice program self-identifies in their policy as “non-participating,” and restricts participation in some or all of the following:

   - Providing information about law or legal process;
   - Distributing brochures from patient rights programs;
   - Referrals to physicians or patient rights programs;
   - Securing an informed patient decision, incl. witness
   - Exploring patient views on meaning of mortality
   - Providing assistance in obtaining the medication
   - Preparing medication for consumption
   - Presence with the patient takes the medication
POLOCY PROCESS QUESTIONS

NEXT STEPS …

THANK YOU !!

QUESTIONS ??