



Administrative Policies and Procedures

DEATH WITH DIGNITY ACT

Department: Medical Staff
Policy Number: 80.37
Effective Date: March 2009
Revision Date:

POLICY / PROCEDURE

UW Medicine does not mandate that any provider or other UW Medicine employee participate in the Washington State Death with Dignity Act, nor does it pressure any provider/employee to do so. **Only those providers/employees who are willing and desire to participate should do so.** Those providers/employees who do choose to participate are reminded that the overall goal is to support the patient's end-of-life wishes, and that participation may not necessarily result in medication being prescribed, if patient needs can be met in other ways (like hospice or palliative care).

UW Medicine does allow its faculty physicians and its pharmacists who otherwise qualify by statute to participate in the Washington State Death with Dignity Act, if they so choose, and allows other UW Medicine providers/employees to participate in relevant supporting roles. UW Medicine providers/employees may, as applicable:

- Perform the duties of an attending physician;
- Perform the duties of a consulting physician;
- 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.

UW Medicine participation in the Washington State Death with Dignity Act is on a **team basis**. Minimally, the team shall consist of a team liaison (who may be a social worker, nurse, physician, or other health care professional as indicated), an attending physician, a consulting physician, and a pharmacist. Additional team members might include an ethics consultant, a palliative care consultant, a social worker, a consulting psychiatrist, a nurse manager, and a spiritual care representative.

Under the Act, the attending physician is responsible for ensuring that the correct procedures are followed and the correct documentation is completed. However, specific requirements will be assigned/ allocated to the identified team members (especially the liaison) to facilitate form completion and verification of requirements under the Act.

If a UW Medicine physician receives a request from a hospital clinic patient (or inpatient) who wishes to access the Washington State Death with Dignity Act, that physician should notify the hospital Medical Director's office. For non-hospital clinic patients (e.g., UWPN clinics), the physician should notify the applicable Medical Director, who will coordinate with his/her UW Medicine hospital Medical Director. **The relevant hospital Medical Director's Office will then deploy the team.** Residents and fellows should notify their attending physicians about any patient requests, as they are not authorized under UW Medicine policy to participate as statutory providers under the Act.

If there is disagreement among the attending physician, consulting physician, and consulting psychiatrist (if indicated) regarding a patient's competency to make an informed decision for purposes of this Act, terminal disease status, or voluntariness of request, or regarding whether the patient's needs can clearly be met in other ways, the Medical Director's Office will facilitate attempts at resolving the disagreement. If the disagreement cannot be resolved, medication shall not be prescribed. UW Medicine providers should reassure their patients interested in the Death with Dignity Act that we will provide ongoing continuity of care, and address their needs to the best of our ability.

UW Medicine does not permit the ingestion of life-ending medication under the Act in its hospitals, clinics, or elsewhere on its premises.

CROSS REFERENCE

RCW Chapter 70.245 (Death with Dignity Act)

Washington State Department of Health Regulations WAC Chapter 246-978

Washington State Department of Health Death with Dignity Act Forms (DOH 422-063/CHS 601, DOH 422-064/CHS 602, DOH 422-065/CHS 603, DOH 422-066/CHS 604, DOH 422-067/CHS 605, DOH 422-068/CHS 606)

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

ATTACHMENT

REVISIONS

Chief Nursing Officer / Senior Associate Administrator:	_____	Date:	_____
Medical Director:	_____	Date:	_____
Executive Director:	_____	Date:	_____