



PERSONAL and CONFIDENTIAL

Dear Physician:

Thank you for requesting information about participating as an Attending (prescribing) Physician under the Washington Death with Dignity Act.

Enclosed in this packet, you will find the:

- Attending Physician's Guide to the Washington Death with Dignity Act, which provides detailed information about the physician's role in the law.
- Life-Ending Medication Prescription Options
- Patient's Request For Medication To End My Life Form
- Important Information About Using Death with Dignity
- Attending Physician's Department of Health reporting forms

Please do not hesitate to contact me or to refer your patient to End of Life Washington for client support.

End of Life Washington matches patients with a volunteer who can provide one-to-one support. Volunteers encourage terminally ill patients to explore all end-of-life options, while upholding the patient's right to seek aid-in-dying to avoid intolerable suffering.

Additionally, our volunteers routinely offer a supportive presence at the time of a Death with Dignity. Their presence can help ensure that the patient follows the medical protocol, as well as provide you with the information needed to complete the required *Attending Physician's After Death Reporting Form*.

We encourage you to refer all patients who want the option to use the Death with Dignity Act. There is never a fee for any service provided by End of Life Washington.

For more information, please contact our office at 206.256.1636 or 877.222.2816 toll-free, info@EndofLifeWA.org, or go to www.EndofLifeWA.org (click on "Death with Dignity (medical providers)" in the right hand column).

Sincerely,

Robert Wood, MD
Volunteer Medical Advisor
bwood@EndofLifeWA.org
206.329.5825

Step-by-Step: Washington's Death with Dignity Law

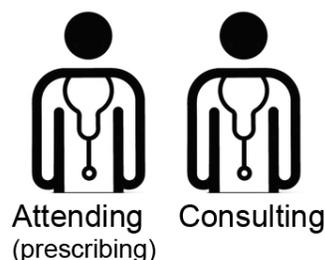
To be eligible for the state's Death with Dignity law, a client must:

- Be an adult Washington State Resident
- Have a terminal disease and a prognosis of less than 6 months to live
- Be mentally competent, and
- Be able to self-administer the lethal medication



The process begins when the client makes his/her first verbal request to a physician willing to document it in medical records. The first verbal request happens on day zero of a process that under some circumstances can take nearly three weeks (see below).

Two physicians must confirm the diagnosis/prognosis and see that the client is mentally competent and acting voluntarily. The physician visits can take place any time including on the day of the first verbal request. The attending physician writes the prescription and files legal paperwork after a death.



People must wait a minimum of 15 days before making the second oral request

First request

15 days

Second request



Obtaining life-ending medication

Clients must fill out a "Request for Medication" form which also must be signed by two witnesses (only one of which may be a family member).



The completed form is returned to the attending physician who must then wait 48 hours before writing the prescription.



Clients are advised to leave their prescription on file at the pharmacy until they are ready to take it.

Taking the medication: The client will take anti-nausea pills about one hour before the lethal medication. After he/she drinks the life-ending medication, sleep will normally follow within 10-15 minutes. The length of time between ingestion and death can vary widely depending on the individual.

For more information on this process, please call your Volunteer Client Advisor or the End of Life Washington office 206-256-1636. More resources also are available at our website: www.endoflifewa.org.



ATTENDING PHYSICIAN'S GUIDE TO THE WASHINGTON DEATH WITH DIGNITY ACT

(version 4/18/18)

This guide explains the steps any physician needs to take to become a patient's Attending Physician for the purposes of Washington's Death with Dignity Act (DWDA), and to ensure compliance with the law. DWDA protects physicians and other health care providers who participate in good faith from criminal and civil liability and from professional disciplinary action. A copy of the law is available from End of Life Washington (contact information at bottom of each page), and from the Washington State Department of Health (DOH, www.doh.wa.gov/dwda). We periodically update this document to reflect medical advances and legal changes.

Definitions:

"Attending Physician" (AP) is the physician who agrees to write the prescriptions for DWDA. The AP also takes primary responsibility for counseling the patient, ensuring compliance with the law, and submitting physician documents to the DOH.

The "Consulting Physician" (CP) examines the patient and makes a written confirmation of the patient's diagnosis, prognosis, ability to make an informed decision, and voluntary decision making.

Who is Eligible?

The law requires the patient to:

1. Be an adult – 18 years of age or older.
2. Be a Washington resident.
3. Be able to make and communicate an informed health care decision.
4. Have a terminal illness – an incurable and irreversible disease that will, in the reasonable medical judgment of both the AP and CP, result in death within six months.
5. Make voluntary requests (two oral and one written) for life-ending medication. The written request may only be made after a patient has been informed by the AP and CP of his/her diagnosis, prognosis, the likely effects of the DWD medicines, and of the alternatives to DWD.
6. Be able to self-administer the lethal medicines.

Timetable for Completing the Eligibility Process *

Day 0	After Day 0	Day 15 or later	Day 15 or later
Patient makes <u>1st oral request to a physician</u> ; if not to the doctor who will be AP, the charted request needs to be obtained by the AP.	After the patient has seen both AP and CP, and they agree that the patient is eligible under the DWDA, <u>the patient submits the <i>Written Request for Medication To End My Life</i> form to the AP.</u>	Patient makes a <u>2nd oral request</u> to the AP (only), at least 15 days after the 1 st oral request. Usually occurs by phone.	AP may prescribe medicines after receiving both oral requests, and if the patient has signed the patient's <u><i>Written Request for Medication To End My Life</i></u> form at least 48 hours earlier.

*Most patients will require three or more weeks to complete the process. If the patient signs the Written Request by day 13, then the process can sometimes be completed in 15 days.

Physicians' Evaluations:

Both the AP and CP must examine the patient and relevant medical records. Since there are many reasons a patient might request the option of using the DWDA, we suggest that both AP & CP explore the physical, psychological, and spiritual issues leading to a request for DWD and discuss all available end-of-life options as possible alternatives to DWD. Ask about financial and social issues and assure that the patient is not being coerced to request DWD. You may discover symptoms or other conditions that need to be addressed. Please urge the patient to join a hospice program for optimal basic comfort care. All patients qualified for DWD are also qualified for hospice.

The AP should confirm that the patient is a Washington resident by examining a driver's license, voter registration card, evidence that the patient leases or owns property in the state, or other appropriate documentation.

Explore the existence of [advance directives](#) (living will and durable power of attorney for health care) and a [POLST \(Physician Orders for Life Sustaining Treatment\) form](#). If your patient does not have a POLST, please discuss the potential benefits this form might offer in these circumstances. (Note: End of Life Washington provides free POLST forms and advance directive packets to patients and physicians. POLST forms are available by mail only.)

Evaluate Impaired Judgment:

If either the AP or CP questions whether “*the patient is able to make and communicate an informed decision to health care providers,*” first rule out medication-induced confusion, as many terminally ill persons are taking psycho-active medications. Otherwise, the law requires referring the patient to a state-licensed psychiatrist or PhD-level psychologist for evaluation. In such cases, the AP may not write the prescription for life-ending medication until the referring psychiatrist or psychologist determines that the patient's judgment is not impaired. If a psychiatric or psychological exam is required, that provider must complete a **Psychiatric/Psychologist Consultant Compliance Form** and provide it to the AP. In about 5% of patients in Washington and Oregon, either the AP or CP has wanted to be sure that the patient was not suffering from a psychiatric or psychological disorder causing impaired judgment. For more information on this evaluation, please contact End of Life Washington.

The DWDA requires that patients be counseled that:

1. He/she may rescind the request for DWD at any time, and for any reason.
2. He/she should discuss his/her intentions with close relatives (a recommendation required to be made by the physician, but not required of the patient). **Note:** Our volunteer client advisers (VCAs) can help facilitate family meetings about DWDA.
3. He/she should take the medication with at least one other person present (We will generally offer to send two VCAs to support patients who are taking the medicines).
4. He/she should not take the medicines in a public place.

In addition, we recommend three additional topics be discussed:

1. Both life-ending treatment options are costly and typically 1 of 3 persons who get prescriptions don't use them. Advise the patient leave to them in the pharmacy until they're sure they will soon take them.
2. Both are not 'a simple pill' to swallow, but bitter and need stomach preparation beforehand. The dying process can take hours, or rarely even a day while the patient is in a coma, unconscious.
3. Particularly for some conditions, disease can progress rapidly and unexpectedly, closing the 'window of opportunity' for them to take the medicine.

DOH-Required Documentation: (See also “Reporting Requirements,” p. 5)

The AP must document key findings on the WA DOH **Attending Physician's Compliance Form**. The CP must verify the patient's terminal state, competency, absence of coercion, and understanding of alternatives in a **Consulting Physician's Compliance Form**. Compliance forms from the CP and Psychiatrist/Psychologist (if a psychiatric/psychological evaluation occurred) must be sent to the AP who submits them together with his/her compliance form to the DOH. The DOH forms are available online (<http://alturl.com/7wuzu>).

Medical Record Documentation Required:

The AP must document patient requests and the elements of an informed decision in the patient's chart. Sometimes other physicians may have recorded the patient's first oral request for DWD (starting the clock of the patient's process of obtaining medications); the AP should obtain a copy of such a request. Placing copies of the first oral request (if documented elsewhere), DOH compliance forms, and the DOH **Written Request for Medication To End My Life** form in your records will serve to document important process elements:

1. Diagnosis and prognosis.

2. Potential risks associated with taking the medication (vomiting and death, and the possibility that the medication may very rarely fail to cause death).
3. The expected result of taking the medication (death).
4. Feasible end-of-life alternatives, which may include comfort care, hospice, voluntarily stopping eating and drinking, and aggressive pain and/or symptom control when needed.
5. Right to rescind: Document all reminders to the patient of his or her "right to rescind" (the law provides that the patient may change his or her mind about the request for life-ending medication at any time). The AP may also wish to place End of Life Washington's AP checklist for DWD in the record.

The AP May Prescribe the Medication if All of the Following Requirements Are Met:

1. You have received the completed **Consulting Physician's Compliance Form**, or you have assurance from the CP that you will receive it that same day.
2. If either you or the CP requested one, you have the **Psychiatric/Psychologist Consultant Compliance Form**.
3. At least forty-eight hours shall elapse between the date the patient signs the **Written Request** and the writing of a prescription
4. You have received and documented the second oral request, at least 15 days after the first oral request.
5. You reminded the patient that he/she may always rescind the request for DWD.

Obtaining the Medication:

1. Call EOL WA for the names of cooperating pharmacists in your vicinity, and for the latest recommended medication protocol.
 - Most pharmacies do not keep (expensive) barbiturates in stock and may require up-front payment from the patient.
 - Some will refuse to fill prescriptions for DWD medications.
 - The DDMP2 mixture is only prepared by compounding pharmacies.
2. The AP must **deliver the original prescription to the pharmacist before it can be filled**. This can occur by mail, or hand- or courier delivery. The AP should call the pharmacist to advise that the prescription is coming; faxing can also provide the pharmacist the medication details of the coming prescription.
3. If someone other than the patient will be picking up the prescription, the DWDA requires prescriptions for this unusual medicine to include the patient's name and the name(s) of the person/people who are authorized to pick up the medication, if it is not the patient; e.g., "John Jones and Jane Smith are authorized to pick up this prescription."

Circumstances That May Prevent or Modify a Patient's Use of the DWDA:

Impairment of cognition can be temporary in terminally ill person because of use of psychoactive medications and other drugs like alcohol, marijuana, and illicit drugs. Since patients must be competent to understand the intended life-ending effects of taking the medication, it may be necessary to reduce or eliminate drug-induced delirium before proceeding.

Some GI Problems can prevent use of the DWDA, especially:

1. Patients who are unable to ingest the entire medication mixture (four ounces of bitter, viscous liquid) within approximately two minutes.
2. Patients who have poor absorption, gastrointestinal obstruction, or uncontrolled vomiting.

A Feeding Tube may enable a patient to ingest the medicine, as long as he or she is able to push a syringe or initiate a drip into the tube.

Cardiac Problem:

1. Patients with an implanted cardioverter defibrillator, should get it turned 'off' before taking the DWD medications; simple pacemakers do not pose problems. EOLWA may be able to help find the medical resources to turn off defibrillators, if needed.

Should the AP or CP be Present at the Time of Death?

Your patient may request your presence at the time she or he ingests the medication. End of Life Washington encourages physicians to consider such requests and would welcome your participation. Some physicians want to attend a few deaths to understand the processes involved, but most leave it to hospice and EOLWA volunteers. The DWDA provides legal immunity from prosecution, civil liability, and professional discipline for care providers acting in good faith, including physicians present at a patient's death.

If your patient is not already a client of End of Life Washington, we strongly encourage you to refer her or him to us. End of Life Washington offers all Western WA clients a trained VCA to meet with, advise, and help clients pursue DWD in accordance with the law. We also provide advice and practical/ personal support to clients elsewhere in WA when possible. Having a VCA present at the time of death is strongly recommended. The VCA present will collect data the AP needs for the DOH **Attending Physician's After Death Reporting Form**.

Even if you are not present for your patient's death, please speak with your patient about the importance of keeping you informed about the plan to take the medication. If no physician completes the death certificate within 48 hours of death, the case may be referred to the coroner or medical examiner for investigation. An investigation might jeopardize the patient's confidentiality and distress his or her loved ones.

After the Patient Dies:

Family, friends, or the client support volunteer will need to notify hospice of the death. If the patient is not in hospice, attending physicians should be on hand to obtain from medical examiner or coroner's office a No Jurisdiction Assumed (NJA) number to authorize the local funeral home to pick up the body. End of Life Washington suggests mentioning that the patient used the DWDA.

Complete the Death Certificate as follows:

1. Under "Immediate Cause of Death," insert the patient's underlying terminal illness (item 34 on the Death Certificate).
2. The "manner of death" is natural (item 38 on the Death Certificate). If you report Death with Dignity Act, barbiturate overdose, name the medications prescribed, or describe the death as a "suicide" or "assisted suicide," the form will be returned to you to be completed properly.

DOH Reporting Requirements:

Within 30 days after writing the DWDA prescription, the AP must send copies of the following forms to the state DOH:

1. The **Attending Physician Compliance Form**, DOH 422-064.
2. The **Consulting Physician's Compliance Form**. DOH 422-065.
3. The patient's completed **Written Request for Medication To End My Life Form**, which must be witnessed by two individuals (see paragraph at the bottom of the form).
4. If a psychiatric or psychological evaluation was performed, the **Psychiatric/Psychological Consultant's Compliance Form**, DOH 422-066.

Within 30 days of the patient's death, the AP must complete and submit the **Attending Physician's After Death Reporting Form**.

**Send forms to: State Registrar, Center for Health Statistics
PO Box 47856, Olympia, WA 98504-7856**

For more information:

End of Life Washington: www.EndofLifeWA.org, info@EndofLifeWA.org, 206.256.1636.

Washington Department of Health resources on Death with Dignity: www.doh.wa.gov/dwda.



ATTENDING PHYSICIAN'S COMPLIANCE FORM

**MAIL FORM TO: State Registrar, Center for Health Statistics,
P.O. Box 47856, Olympia, WA 98504-7856**

A	PATIENT INFORMATION	
	PATIENT'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH:
	MEDICAL DIAGNOSIS	

B	PHYSICIAN INFORMATION	
	NAME (LAST, FIRST, M.I.)	TELEPHONE NUMBER () -
	MAILING ADDRESS	
	CITY, STATE AND ZIP CODE	

C	ACTION TAKEN TO COMPLY WITH LAW	
	1. FIRST ORAL REQUEST	
	First oral request for medication to end life.	DATE
	Comments:	
	<i>Indicate compliance by checking the boxes. (Both the attending and consulting physicians must make these determinations.)</i>	
	<input type="checkbox"/> 1. Determination that the patient has a terminal disease. <input type="checkbox"/> 2. Determination the patient has six months or less to live. <input type="checkbox"/> 3. Determination that patient is competent.* <input type="checkbox"/> 4. Determination that patient is a Washington state resident.** <input type="checkbox"/> 5. Determination that patient is acting voluntarily. 6. Determination that patient has made his/her decision after being fully informed of:	
	<input type="checkbox"/> a) His or her medical diagnosis; and <input type="checkbox"/> b) His or her prognosis; and <input type="checkbox"/> c) The potential risks associated with taking the medication to be prescribed; and <input type="checkbox"/> d) The potential result of taking the medication to be prescribed; and <input type="checkbox"/> e) The feasible alternatives, including, but not limited to, comfort care, hospice care and pain control.	
	<i>Indicate compliance by checking the boxes.</i> <input type="checkbox"/> 1. Patient informed of his or her right to rescind the request at any time. <input type="checkbox"/> 2. Patient recommended to inform next of kin. <input type="checkbox"/> 3. Patient counseled about the importance of having another person present when the patient takes the medication(s). <input type="checkbox"/> 4. Patient counseled about the importance of not taking the medication in a public place.	DATE:
	2. SECOND ORAL REQUEST <i>(Must be made 15 days or more after the first oral request.)</i>	
	<i>Indicate compliance by checking the boxes.</i> <input type="checkbox"/> 1. Second oral request for medication to end life. <input type="checkbox"/> 2. Patient informed of the right to rescind the request at any time.	DATE:
	Comments:	



ATTENDING PHYSICIAN'S AFTER DEATH REPORTING FORM

MAIL FORM TO: State Registrar, Center for Health Statistics,
P.O. Box 47856, Olympia, WA 98504-7856

Dear Physician:

The Washington Death with Dignity Act requires physicians who write a prescription for a lethal dose of medication under the Act to report to the Department of Health information that documents compliance with the law. The attending physician shall complete this form within thirty calendar days of a patient's ingestion of a lethal dose of medication obtained pursuant to the act or death from any other cause, whichever comes first. If you do not know the answers to any of the following questions, please contact the family or patient's representative.

All individual information will be kept strictly confidential. Aggregate information will be provided on an annual basis. If you have questions about these instructions, please call 360-236-4324.

Physician's Name: _____

Date: ___/___/___

Patient Name: _____

Date of Patient's Death: ___/___/___

County of Death: _____

1. What was the patient's underlying illness?

2. On what date did you begin caring for this patient?

___/___/___ (Mo/Da/Yr)

3. On what date was the patient first told about their underlying medical condition?

___/___/___ (Mo/Da/Yr)

4. On what date was the patient told they have a terminal disease – meaning an incurable and irreversible disease that will within reasonable medical judgment produce death within six months?

___/___/___ (Mo/Da/Yr)

5. What type of health-care coverage did the patient have for their underlying illness? (*Check all that apply.*)

- 1 Medicare
- 2 Medicaid
- 3 Military/CHAMPUS
- 4 V.A.
- 5 Indian Health Service
- 6 Private insurance
- 7 No insurance
- 8 Had insurance, don't know type
- 9 Unknown

6. When the patient initially requested a prescription for the lethal dose of medication, was the patient receiving hospice care?

- 1 Yes
- 2 No, refused care
- 3 No, other (specify) _____
- 9 Unknown

7. Seven possible concerns that may have contributed to the patient's decision to request a prescription for the lethal dose of medication are shown below. Please check "Yes," "No," or "Don't know," depending on whether or not you believe that concern contributed to the request.

A concern about:

...the financial cost of treating or prolonging his or her terminal condition.

Yes No Don't Know

...the physical or emotional burden on family, friends, or caregivers.

Yes No Don't Know

...his or her terminal condition representing a steady loss of autonomy.

Yes No Don't Know

...the decreasing ability to participate in activities that made life enjoyable.

Yes No Don't Know

...the loss of control of bodily functions, such as incontinence and vomiting.

Yes No Don't Know

...inadequate pain control at the end of life.

Yes No Don't Know

...a loss of dignity.

Yes No Don't Know

8. On what date was the prescription for a lethal dose of medication written or phoned in?

____/____/____ (Mo/Da/Yr)

9. What medication was prescribed and what was the dosage?

10. On what date was the lethal dose of medication dispensed to the patient?

____/____/____ (Mo/Da/Yr) Not Dispensed Unknown

11. Did the patient ingest the lethal dose of medication?

- 1 Yes
- 2 No (If NO, then please skip to question 22)

12. Were you with the patient when they took the lethal dose of medication?

- 1 Yes
- 2 No, did not offer to be present at the time of ingestion
- 3 No, offered to be present, but the patient declined
- 8 No, other (specify): _____

If no: Was another physician or trained health care provider or volunteer present when the patient ingested medication?

- 1 Yes, another physician
- 2 Yes, a trained health-care provider/volunteer (specify): _____
- 3 No
- 9 Unknown

13. Were you with the patient at the time of death?

- 1 Yes
- 2 No

If no: Was another physician or trained health care provider or volunteer present at the patient's time of death?

- 1 Yes, another physician
- 2 Yes, a trained health-care provider/volunteer
- 3 No
- 9 Unknown

If no: How were you informed of the patient's death?

- 1 Family member called M.D.
- 2 Friend of patient called M.D.
- 3 Another physician
- 4 Hospice R.N.
- 5 Hospital R.N.
- 6 Nursing home/Assisted-living staff
- 7 Funeral home
- 8 Medical Examiner
- 9 Other (specify): _____

14. Did the patient take the lethal dose of medication according to the prescription directions?

- 1 Yes
- 2 No

If no: Please list the medications the patient took (other than those reported in item 10), the dosages, and the reason for not following the prescription directions.

- 9 Unknown

15. Were there any complications after the ingestion of the lethal dose of medication, for example, vomiting, seizures, or regaining consciousness?

1 Yes

Please Describe:

2 No

9 Unknown

16. Was the Emergency Medical System activated for any reason after the ingestion of the lethal dose of medication?

1 Yes

Please describe:

2 No

9 Unknown

17. What was the time between ingestion of the lethal dose of medication and unconsciousness?

Minutes: _____ or Hours: _____ Unknown

18. What was the time between ingestion of the lethal dose of medication and death?

Minutes: _____ or Hours: _____ Unknown

If the patient lived longer than six hours:

Do you have any observations on why the patient lived for more than six hours after ingesting the medication? _____

19. *Immediately* prior to ingestion of the lethal dose of medication, what was the patient's mobility? (ECOG scale)

0 Fully active, no restrictions on pre-disease performance.

1 Restricted in strenuous activity, but ambulatory and able to carry out work.

2 Ambulatory and capable of all self-care, but no work activities; up and about more than 50% of waking hours.

3 Capable of only limited self-care; in bed or chair more than 50% of waking hours.

4 Completely disabled, no self-care, totally confined to bed or chair.

9 Unknown

20. Where did the patient ingest the medication?

- 1 Private home
- 2 Assisted-living residence (including foster care)
- 3 Nursing home
- 4 Acute care hospital in-patient
- 5 In-patient hospice resident
- 6 Other (specify) _____
- 9 Unknown

21. At the time of ingestion of the lethal dose of medication, was the patient receiving hospice care?

- 1 Yes
- 2 No, refused care
- 3 No, other (specify) _____
- 9 Unknown

22. What is your medical specialty? (*Check all that apply.*)

- 1 Family Practice
- 2 Internal Medicine
- 3 Oncology
- 4 Other (specify) _____

23. How many years have you been in practice, not including any training periods, such as residency or fellowship?

Years: _____

24. And lastly, do you have any comments on this follow-up questionnaire, or any other comments or insights that you would like to share with us?

Original Signature of Physician: _____

FOR OFFICIAL USE ONLY

CASE ID NUMBER:

DWDA

ILLNESS

OTHER

PHYSICIAN ID
NUMBER:



INSTRUCTIONS FOR FILLING OUT “REQUEST FOR MEDICATION” FORM

DO NOT sign this form until you have seen both an Attending (prescribing) and a Consulting Physician who have agreed to participate in the Washington Death with Dignity Act and submit the state forms required.

If you are unable to sign your name, you may sign an alternative mark, as long as witnesses recognize that it represents your signature. A common alternative mark is an “X”.

Please read the note on the form about who may, and may not, be a witness. Both witnesses must see you sign this form. All dates on this form must be identical, or the form is invalid.

- One copy of the “Request for Medication” form goes to the Attending (prescribing) Physician.
- We recommend keeping one copy for your records.

If you have questions or if you would like assistance completing this form, contact End of Life Washington.

End of Life Washington is a nonprofit organization that provides information, counseling, and emotional support to people facing terminal or irreversible illness. We advocate for excellent end-of-life care, the use of advance directives, and patient-centered care. We uphold the right of qualified patients to use Washington’s Death with Dignity Act. Confidentiality is strictly protected. There is never a fee for our services.

REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, _____, am an adult of sound mind.
First Middle Last

I am suffering from _____, which my attending physician has determined is an incurable, irreversible terminal disease that will result in death within six months and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and feasible alternatives, including comfort care, hospice care, and pain control.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and dispense or to contact a pharmacist to dispense the prescription.

Initial One

_____ I have informed my family of my decision and taken their opinions into consideration.

_____ I have decided not to inform my family of my decision.

_____ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request and I expect to die when I take the medication to be prescribed. I further understand that although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation; and I accept full moral responsibility for my actions.

I further declare that I am of sound mind and not acting under duress, fraud, or undue influence.

Signature:	County of Residence:	Date:
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DECLARATION OF WITNESSES

By initialing and signing below, we declare that the person making and signing the above request:

Witness 1 Witness 2

Initials Initials

_____	_____
_____	_____
_____	_____
_____	_____

1. Is personally known to us or has provided proof of identity;
2. Signed this request in our presence on the date following the person's signature;
3. Appears to be of sound mind and not under duress, fraud, or undue influence;
4. Is not a patient for whom either of us is the attending physician.

Printed Name: Witness 1	Signature:	Date:
Printed Name: Witness 2	Signature:	Date:

NOTE: One witness cannot be a person who: (1) is related by blood, marriage, or adoption to the person making this request or (2) is entitled to any portion of the person's estate upon death or (3) owns, operates, or is employed at a healthcare facility where the person making this request is receiving medical treatment or is a resident. The other witness may be related by blood, marriage, etc. If the patient is an inpatient at a healthcare facility, one of the witnesses shall be an individual designated by the facility. The attending (prescribing) physician cannot be a witness.



PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM

Deliver this form to the attending physician who will mail it to:

State Registrar, Center for Health Statistics,
P.O. Box 47856, Olympia, WA 98504-7856

A PATIENT INFORMATION	
PATIENT'S NAME (LAST, FIRST, M.I.):	DATE OF BIRTH:

B REFERRING/PRESCRIBING PHYSICIAN	
REFERRING PHYSICIAN'S NAME (LAST, FIRST, M.I.):	TELEPHONE NUMBER: () —

C PSYCHIATRIC / PSYCHOLOGICAL EVALUATION	
1. MEDICAL DIAGNOSIS	DATE(S) OF EXAMINATION(S):
2. PSYCHIATRIC / PSYCHOLOGICAL EVALUATION	

D PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S INFORMATION	
I have determined through evaluation that the above-named patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment, in conformance with chapter 70.245 RCW.	
X	CONSULTANT'S ORIGINAL SIGNATURE AND TITLE (e.g., M.D., Ph.D., etc.):
	CONSULTANT'S NAME (PRINTED):
MAILING ADDRESS:	
CITY, STATE AND ZIP CODE:	TELEPHONE NUMBER: () —



LIFE-ENDING MEDICATION PRESCRIPTION RECOMMENDATIONS

(Version 4/18/18)

Before dispensing life-ending prescriptions, the pharmacist* must have the original written prescription in hand (it may be mailed, or courier- or hand-delivered). It is helpful for the attending physician to call the pharmacist, introduce themselves, alert the pharmacist to the prescription, and be sure the pharmacy has or can obtain the drugs. A few days' lead-time is often needed before life-ending prescriptions can be filled.

1. To prepare the stomach for either lethal drug regimen, **prescribe:**

- **Reglan (*metoclopramide*)** 20 mg / two 10 mg tablets
 - **Haldol (*haloperidol*)** 2 mg / one 2 mg tablet
- Sig: Take all 3 tablets by mouth 1 hour prior to taking the lethal medicine.*

2. EOLWA recommends prescribing **ONE** of two options for life-ending medication:

a. **Seconal (*secobarbital*)** – preferred, especially for persons with **RED FLAGS**** if expense is not a barrier.

- Reliable; time to death: median 22 min, average 68 min, max 24 hours.
- Can be dispensed by any participating pharmacy
- \$3,000-\$5,000*

-- OR --

b. **DDMP2** – The 2nd version of a mixture of Diazepam, Digoxin, Morphine, and Propranolol

- Reliable but longer time to death: median 57 min., average 175 min, max 30 hours.
- Can only be dispensed by participating compounding pharmacy*
- \$700 (approximate)**
- Due to shelf life uncertainty, ask patients to leave at pharmacy until the day of use
- *If patient has RED FLAGS (below), call Dr. Bob Wood (206-329-5825) or Dr. Carol Parrot (206-406-7657) for advice about adding agents to this mixture to avoid prolonged deaths.*

The Seconal Option

Prescribe:

1. **Seconal (*secobarbital*)** 10 grams
(Some pharmacists can dispense Seconal as powder, if asked; or else powder must be carefully removed from all 100 capsules.)
2. **Inderal (*propranolol*)** 200 mg (5 x 40 mg)
Should be prescribed to take by mouth 15 minutes ahead of the secobarbital.

Sig: Just before ingestion, Seconal powder should be mixed into 2-3 oz. of warmed (not hot) alcohol, water, or other liquid and all the suspension should be ingested immediately and quickly (within 1-2 mins.)

The DDMP2 Mixture Option** (Diazepam, Digoxin, Morphine, Propranolol)

Prescribe:

1. **Diazepam** (Valium) 1 gram
2. **Digoxin** 50 milligrams
(dig powder preferred to 200 ground tablets with their filler)
3. **Morphine sulfate** 15 grams
4. **Propranolol** (Inderal) 2 grams

VERY IMPORTANT: As part of the prescription, order all dry powdered ingredients to be **dispensed in a dark glass jar or bottle** (diazepam is readily absorbed into plastic).

Sig: In a small glass mix powder into 3-4 oz. of alcohol, water or clear juice; agitate until smoothly mixed and milk-like; then ingest all contents immediately and quickly (within 1-2 minutes).

** Before you prescribe DDMP2, death may be prolonged if your patient has any of the 7 following **RED FLAGS**:



- 1) Patients on **PAIN PUMPS**, using **HIGH LEVELS OF PAIN MEDS**, or with **UNCONTROLLED PAIN**;
- 2) **IV DRUG USERS**,
- 3) Patients who **OFTEN DRINK a FIFTH OF LIQUOR** or **CASE OF BEER** in a **DAY**;
- 4) Patients with "extreme" **OBESITY (300# OR MORE)**; or with
- 5) **POORLY CONTROLLED NAUSEA AND VOMITING**; or with
- 6) **GI cancer** (pancreatic or other involving the gut); or
- 7) **YOUNG AND BASICALLY HEALTHY**

* Encourage patients to submit for reimbursement; however, most health plans won't cover the cost of the drug.



Your life. Your death. Your choice.

Step-By-Step Instructions for Taking Life-Ending Medications

Note: If these directions are not followed, the process may take longer or even not work.

1. Starting 12 hours prior to taking the medications

Discontinue regular medicines, except those for pain or comfort. Do not take laxatives or stomach-coating medications like Maalox, Pepto-Bismol, and Carafate (sucralfate).

2. For the 5 hours prior to taking the medications

- Do not eat any food.
- Drink only water or juice during this period; no carbonated beverages.

3. One hour prior to taking life-ending medications

Take the anti-nausea medications:

- 2 mg of Haldol (haloperidol) or 8 mg of Zofran (ondansetron), AND**
- 20 mg of Reglan (metoclopramide)**

4. Seconal (secobarbital) users only:

During the hour before taking the life-ending medicine, remove all the secobarbital powder (toothpicks are helpful) from the prescribed capsules, one-by-one. Either empty the powder into a small bowl or onto a clean 8 ½ by 11-inch piece of paper (that can be rolled into a funnel to pour the powder into a small bowl). It usually takes two people about 20 minutes to empty the capsules. Your Volunteer Client Adviser (VCA) will offer to help with this task or can help others understand how to remove the powder, prepare the medication, and gather the information your prescribing physician will need.

- 15 minutes before swallowing the Seconal solution, take 200 mg of Inderal (propranolol) by mouth with a small sip of water**, if prescribed. This medicine is thought to prevent a long dying process, which may occur on occasion.
- Just prior to swallowing the lethal medication**, gradually and quickly stir one of the following into the **Seconal (secobarbital)** powder to make a smooth, non-clumpy solution:
 - ¼ cup of a strong liquor such as vodka or whiskey, **OR**
 - ½ cup of warm (not hot) water, **OR**
 - ½ cup of clear juice or Gatorade, **OR**
 - For those who have trouble swallowing, ½ cup of nonfat pudding, yogurt, or applesauce. Please note that mixing the medication with soft food might result in a longer time to death.
 - NOTE: Alcohol eliminates the clumping that occurs when water or juice is used, and strong liquor enhances the effect of the **Seconal**, so it is a preferred option, but not required.

5. DDMP2 mixture users only:

- Just prior to swallowing the lethal medication**, gradually and quickly stir one of the following into the **DDMP2** powder to make a smooth, non-clumpy solution:
 - ¼ cup of a strong liquor such as vodka or whiskey, **OR**
 - ½ cup of warm (not hot) water, **OR**
 - ½ cup of clear juice or Gatorade, **OR**
 - For those who have trouble swallowing, ½ cup of non-fat pudding, yogurt, or applesauce. Please note that mixing the medication with soft food might result in a longer time to death.

- NOTE: Alcohol eliminates the clumping that occurs when water or juice is used, and strong liquor enhances the effect of the **DDMP2**, so it is a preferred option, but not required.
- 6 Swallow the lethal medication
 - Swallow all of the liquid lethal medication **within 2-3 minutes**. It will taste bitter. Sometimes sips of water/juice or sorbet (not sherbet) between swallows of meds can be helpful as long as it is done quickly.
 - Immediately after swallowing the life-ending medication, quickly also drink:
 - **½ cup of room temperature, non-carbonated beverage** to help rinse the bitter aftertaste and to enhance the effect of the medication.

OR

 - **¼ cup of a strong liquor**, such as vodka or whiskey (no creamed liqueurs) which enhances the life-ending medication’s effects. Do not use alcohol if there is any nausea.
 - 7 **The Volunteer or Substitute(s) should plan to keep the dying person in an sitting position for at least 20 minutes**, to reduce the risk of regurgitation (after the person loses consciousness) before lowering him/her to a semi-upright position (with the back at 30-45 degrees relative to horizontal) and turning him/her onto his/her right side. Position is deemed to be important for rapid absorption of the life-ending medicine in the small intestine. If you are unable to reposition the person, leave him/her in a seated position.
 8. **Loss of consciousness occurs within 3 to 15 minutes**, in most cases. The time to death, after taking the medication, varies depending on the person’s condition and ability to absorb the medication. Secobarbital on average causes death in about an hour, while DDMP2 on average takes 3 hours, and rarely death will take a day or longer; however, the dying person stays unconscious and both agents produce a peaceful death.
 9. Once the patient is unconscious and unarousable **supplemental oxygen** may be turned off.
 10. **Ingesting through a feeding tube**
 For people with feeding tubes, including nasogastric tubes and tubes directly through the skin into the stomach or small intestine, it is generally easy to administer either the **secobarbital** or the **DDMP2** solution.
 - Pour the prescribed mixture into two funnel-tipped 60 cc syringes. This may be done by the patient, a caregiver, or the Volunteer Client Adviser.
 - When the patient is ready
 - Insert the first syringe into the feeding tube and the patient must press the plunger to empty the syringe. **Within 3 minutes**, repeat with the second syringe and insert all of the solution. Someone can help to insert and hold the syringe into the tube, but the patient must be the one to press the plunger. The tube can be flushed with hard alcohol or water if desired. Afterward, the tube should be clamped as usual.
 - Alternatively, either the **secobarbital** or **DDMP2** can also be ingested through the tube using a gravity feed bag to which the life-ending medicine has been added. Note that the patient must self-administer the medicine by opening a valve or opening a clamp.
 11. **Write down the following information**, which the attending (prescribing) physician will need for the reporting process. Your VCA can record the times and report them to the prescriber if you wish.

Time anti-nausea medications were taken: _____

Time life-ending medicine was taken: _____

Time the person lost consciousness: _____

Presumed time of death: _____