



## DEATH WITH DIGNITY: PREPARING FOR THE LAST DAY

For clients, families and loved ones

If you have any questions about this information, please contact the End of Life Washington office at 206.256.1636. If you decide to take the life-ending medication and have given us adequate notice, a Volunteer Client Adviser can provide you and your loved ones with support through this process.

### Preparatory Steps

#### ENROLL IN HOSPICE

Hospice is an important support program most often provided in the home for terminally ill people and their families. We strongly recommend that all clients enroll in a hospice program. Not only will hospice maximize quality of life and help avoid unwanted hospitalization, it ensures a smooth transition for those using Death with Dignity medications. Studies have shown that, on average, people enrolled in hospice care live longer with better comfort and quality. Hospice also simplifies the process at time of death: only one phone call needs to be made to the hospice program, which coordinates with the medical examiner and funeral home.

#### TALK WITH YOUR PRESCRIBING PHYSICIAN ABOUT THE LIFE-ENDING MEDICATION

Unfortunately, there is not one simple pill that a person can take to end his/her life under Death with Dignity. The prescription methods now available require the terminally ill person to swallow (or administer through a tube) about 2-4 ounces of bitter-tasting medicine dissolved in liquid. The attending physician will generally prescribe two medicines to prepare the intestines and prevent nausea and vomiting; these two medicines must be taken one hour ahead of the life-ending medicines. Usually the anti-nausea medicines prescribed are Reglan (metoclopramide) or Haldol (haloperidol).

For life-ending medication, there are currently two options that your physician can prescribe, referred to as DDMA or DDMP2, both regimens cause a person to fall asleep quickly. Sleep is followed by coma and then a peaceful death.

The DDMA and DDMP2 mixtures are both comprised of four medicines, including diazepam, digoxin, morphine and either amitriptyline (DDMA) or propranolol (DDMP2) and cost around \$700. It must be dispensed by a compounding pharmacy, preferably in a dark glass bottle.

#### ONCE THE PRESCRIPTIONS HAVE REACHED THE PHARMACY

End of Life Washington recommends that the prescriptions be left at the pharmacy until a few days/weeks before they are to be used since the medicines may lose potency over time. The prescriptions can be held on file at the pharmacy for up to six months. Be sure to confirm this with the pharmacist who will fill the prescription. About a third of the people who get these prescriptions will not take them, for varied reasons. If the medications do not get dispensed, you do not need to pay for them. *If the prescription expires, you must request another set of prescriptions from your attending/prescribing physician; as long as the prescribing physician stays the same, you do not need to go through the entire Death with Dignity process again.*

## STORING THE MEDICATION AT HOME

The DDMA and DDMP2 mixtures (*diazepam, digoxin, morphine and amitriptyline/propranolol*) is important to obtain shortly before the time of intended use because the shelf life of these medications is undetermined. It should be dispensed in powder form in a dark glass bottle, and should be kept carefully out of reach of children and vulnerable adults. The anti-nausea medicines should be kept together with the life-ending medicines and in the same conditions.

## ABILITY TO SELF-INGEST THE LIFE-ENDING MEDICATION

To use the Washington Death with Dignity law, you must be able to swallow 2-4 oz. of bitter liquid within 2-3 minutes or self-administer the lethal medication through a feeding tube within the same time frame. Typically, an individual will fall asleep within 5 minutes of taking the medication, so it must be consumed quickly. If you have swallowing problems, this could interfere with your ability to successfully use the Death with Dignity law. If you have any doubts, it is highly recommended that you practice swallowing 4 oz. of water within 2 minutes before attempting to use the life-ending medication.

## WHERE CAN YOU TAKE (INGEST) LIFE-ENDING MEDICINES?

All but a few hospitals and skilled nursing facilities in Washington prohibit taking life-ending medicines on their premises. The state's Death with Dignity law also discourages you from taking the medicines in a public place. Although people who are living in a long-term care facility are legally permitted to take lethal medications in such a place, it is important to check whether there is a *written facility policy prohibiting it*. If there is no such policy, a resident may choose to take their medication in the privacy of their apartment. If the facility prohibits Death with Dignity on the premises, then their staff or our volunteer should assist you with finding a setting where you can exercise your legal rights. At times residents have chosen to ingest their medication at a private home if the facility prohibits such activity.

## WHO SHOULD BE PRESENT AT THE TIME OF DEATH?

In advance of the planned date for taking the life-ending medication, please discuss your decision with your loved ones who you'd want to be present at the time of death. Most people who choose to end their lives want to die in a peaceful, supportive environment.

End of Life Washington strongly recommends that an experienced volunteer be present at the death to ensure that the medication protocol is followed, which allows your loved ones to focus on being present with you. Although the volunteer can help prepare the medication and make it easy to ingest or administer, the terminally ill person must self-administer it (drink it or inject it into a feeding tube). The volunteer can be present in the room at the time of death or you may ask them to remain in another room nearby.

**Important:** If no volunteer will be present at the time of death, and the client is not on hospice, a caregiver needs to clarify with the local medical examiner how to report an expected death before the person takes the life-ending medicine. This will help to avoid the commotion of police and emergency medical personnel (including flashing lights and sirens) coming to the home following death. In addition, it will help assure the proper authorization for a funeral home to remove the body. The process for reporting a death varies from county to county in Washington State.

## THE DYING PROCESS

Every individual is different and time to death after taking the medication varies greatly depending on the person's physical condition and ability to absorb the medication. Be assured that once the person is in a coma (generally within 5-10 minutes of taking the life-ending medication), they will be in a peaceful place and not experience any suffering. If they do not die as soon as expected, do not panic. There is little that can be done except to wait. Caregivers may administer any of the medications in a hospice kit, if one is available, in response to any symptoms that ordinarily would be treated.

It may be helpful to consider the additional hours as a time for a vigil, which often occurs during the last hours of a person's life during a natural death. If your volunteer is present, they will stay as long as appropriate and then will be available by phone. If you are on hospice and would like to have your hospice nurse or social worker updated on your process, please let your legal surrogate decision-maker or family member(s) know.

Since Oregon and Washington Death with Dignity laws took effect in 1998 and 2009, less than 1 percent of people have regained consciousness. And so far, no End of Life Washington client has ever regained consciousness after normal administration of life-ending medication.

Those present at the death may witness some or all of the following changes that frequently occur during the natural dying process: snoring, gurgling noises, changes in rate of breathing (sometimes

slower, sometimes faster), increased paleness or grayness of the skin, and coolness of the skin. Lowering the person to a semi-upright position and turning the person onto his or her right side, a position that may also improve absorption of the medication, may alleviate snoring and gurgling noises.

Physical movements or other external signs of distress sometimes are exhibited, but the internal peace of the person is not disturbed. Death has occurred when breathing has stopped for five minutes and no pulse or heartbeat can be felt. It is not unusual for people to twitch or make sounds after death has occurred.

### **AFTER DEATH OCCURS**

There is no hurry to notify anyone or have the body removed. Take as long as you like to observe any cultural or spiritual traditions; gather family together and reminisce, mourn, or celebrate life. By law, a Death with Dignity is not suicide. The underlying diagnosis will be listed as the cause of death on the death certificate. Death with Dignity has no effect upon life, health, or accident insurance or annuity policies.

Please stay in touch with your volunteer before, during, and after death has occurred. We believe our ongoing support is important to help you manage unanticipated questions and to support your family and other loved ones.

### **UNUSED MEDICATIONS**

Life-ending medications are controlled substances. They must be disposed of properly. The best disposal method is to find a facility that accepts medications; see [takebackyourmeds.org](http://takebackyourmeds.org) or call 1.800.732.9253 toll-free to find a facility near you. Returning the unused medication to a take-back program is the safest and most environmentally protective way to dispose of unused medication.

As a last resort, 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. Never flush unused medications down a toilet or drain or throw into the trash in its original container. Please note that Snohomish and Kitsap Counties have local ordinances prohibiting disposal of medicines in the garbage.

