



DEATH WITH DIGNITY INSTRUCTIONS

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, a Volunteer Client Adviser can provide you and your loved ones with support through this process.

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 to maximize their quality of life and to avoid hospitalization. Studies have shown that, on average, people enrolled in hospice care enjoy better comfort and quality of life for more of their remaining days. Hospice also simplifies the process at the 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

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 self-administer through a tube) 2-4 ounces of an extremely bitter medicine dissolved in liquid. The attending physician will generally prescribe two medicines to prepare the intestines and prevent nausea and vomiting; these two medicines are very small pills and must be taken one hour ahead of the life-ending medicine.

The life-ending medications recommended by EOLWA are combinations referred to as either DDMAPh or DDMA. Either regimen usually causes a person to fall asleep in 3-15 minutes. Sleep is followed by a deep coma and a peaceful death. The less commonly used DDMP2 mixture also induces sleep quickly but may result in a longer time to death.

The DDMAPh and DDMA mixtures are both comprised of Diazepam, Digoxin, Morphine, and Amitriptyline (DDMA), DDMAPh has Phenobarbital as well. Diazepam, morphine, and phenobarbital are all sedative/narcotics, which eliminate pain, cause the client to quickly fall asleep, progress to deep coma, and may cause death on their own. For clients with more challenging medical problems, digoxin and amitriptyline will eventually cause cardiac arrest in the deeply comatose, comfortable client. The prescriptions cost between \$700 - \$850 and must be dispensed by a compounding pharmacy.

ONCE THE PRESCRIPTIONS HAVE REACHED THE PHARMACY

The prescriptions can be held on file at a compounding pharmacy for up to six months. Confirm this with the pharmacist who will fill the prescription. End of Life Washington recommends that the *prescriptions not be filled until a few days before the client plans to use the medications*. You should allow the pharmacist a couple of days to prepare the compounded mixture. Because about one-third of clients for whom prescriptions have been written never take the medication, waiting until shortly before the date set to request the medication eliminates the unnecessary expense of unused medication and the need for the family to safely dispose of it legally.

If the medications are never 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*

qualification process again.

STORING THE MEDICATION AT HOME

As noted above, it is best to obtain the DDMA and DDMA^{Ph} mixtures shortly before the time of intended use. The drug mixture should be dispensed in powder form in a dark glass bottle and must be kept out of reach of children and vulnerable adults. The anti-nausea medicines should be stored with the life-ending medicines in a cool dark place.

ABILITY TO SELF-INGEST THE LIFE-ENDING MEDICATION

Swallowing problems can interfere with the ability to take the full dose of medication by mouth. If there is any question about being able to drink the entire amount of medication in the allotted time, it is highly recommended that the family helps the client practice swallowing 2-4 oz. of water within 2 minutes before attempting to use the life-ending medication.

It is also possible to self-administer the medication if unable to swallow by using a feeding tube or rectal tube. Talk to the prescribing doctor about these methods of administration if there are swallowing concerns.

WHERE CAN YOU TAKE (INGEST) LIFE-ENDING MEDICINES?¹

All but a few hospitals and skilled nursing facilities in Washington prohibit taking life-ending medicines on their premises. Although people living in a retirement or Continuing Care Community 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 the use of Death with Dignity on the premises, then family members, your EOLWA volunteer, or members of the facility staff can assist with finding a place to take the medication.

WHO SHOULD BE PRESENT AT THE TIME OF DEATH?

Most people who choose to end their lives want to die in a peaceful environment, supported by the people they choose. It is best for the client and family to discuss this in advance, to make sure the best choices are made for everyone concerned.

End of Life Washington strongly recommends that an experienced volunteer client advisor be present² at the death to help with mixing medication and to ensure that all protocols are followed. This will allow family or friends to focus on being present and engaged with the client. Although the volunteer can help prepare the medication, the terminally ill person must *self-administer* it (drink it or push the plunger to inject it into a feeding or rectal tube). The volunteer can be present in the room at the time of death, or can remain nearby, by client choice.

Important: The process for reporting a death varies greatly from county to county. If no volunteer is 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. The medical examiner can eliminate the requirement for police and emergency medical personnel (including flashing lights and sirens) to come to the home. In addition, the medical examiner can prearrange proper authorization for a funeral home to remove the body.

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. Deaths in which EOLWA volunteers have participated have occurred within five minutes of ingestion but also have taken as long as 18 hours. Be assured that once the person falls asleep, they will be in a peaceful state and not experience any suffering. Those present at the death may witness some or all of the following during the natural dying process: snoring, gurgling noises, changes in breathing (slower or faster), changes in skin color (increased paleness, grayness, or blueish tint), or cooling of the skin.

¹ The state's Death with Dignity law discourages you from taking the medicines in a public place.

² A volunteer can also be available by phone or facetime/zoom/skype.

If the client does not die as soon as expected, there is no cause for concern, as the medication will be effective. There is little that can be done except to wait, similar to the vigil that often accompanies a natural death. Caregivers may administer additional medications from a hospice kit, if one is available, in response to any symptom that ordinarily would be treated with those drugs.

If volunteers are present, they will stay as long as appropriate and will then be available by phone. If hospice workers want to be updated on the death process, have someone assigned to inform them. Though physical movements, irregular breathing, or other signs of apparent agitation are occasionally noted, the internal peace of the person is not disturbed. Several minutes with no breaths and no heartbeat indicates that death has occurred. (Occasionally a person might twitch or expel the last remaining air in his lungs, causing a sound, after death has occurred; it does not mean they are still alive.)

AFTER DEATH OCCURS

There is no hurry to notify anyone or have the body removed. Take as long as everyone present needs to observe any cultural or spiritual traditions; gather the 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. Choosing Death with Dignity does not affect life, health or accident insurance policies, nor annuities.

Please stay in touch with your volunteer before, during, and after death has occurred. We believe our ongoing support is important to answer 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 take the unused medication to a local police station or find a facility that accepts medications; see 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. Never dispose of medications down a drain or in a toilet.



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

Note: If these directions are not followed, the process may take longer or possibly 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 clear juice (that you can read the newspaper through) 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. Mix and Consume the lethal medication (DDMA, DDMAPh, and DDMP2):

NOTE: Consume these medications comfortably situated, these medications can cause someone to fall asleep very quickly.

- Just prior to swallowing the lethal medication, mix the medications to make a smooth, non-clumpy solution by using
 - 2-4 oz. of water, **OR**
 - 2-4 oz. of clear juice or Gatorade
 - room temperature (versus out of the fridge) may help dissolve the medications better
 - Pour the selected liquid into the bottle of powder
 - Recap the bottle and shake vigorously for at least 30 seconds
 - Pour the liquid medication into a glass and drink immediately (straw optional)
 - Drink all of the liquid medication within 1-2 minutes. The medicine will taste bitter and cause a burning sensation.
 - After swallowing the life-ending medication, you may follow with water, clear juice, a popsicle, sorbet, or an alcoholic beverage, if desired. Avoid carbonation and dairy.
 - NOTE: *For those who have a neuromuscular problem and have been taking all meds mixed into soft food like applesauce, mix the powdered life-ending medication into 1-2 ounces of the soft food you normally use to be able to swallow your medications, Please note that mixing the medication with soft food will likely result in a longer time to death.*

5. Keep the dying person in an upright position for at least 20 minutes, to reduce the risk of regurgitation (even after the person loses consciousness). After 20 minutes they can be lowered to a semi-upright or flat position. Turning the individual onto their right side is optional and may lessen snoring or gurgling. If caregivers are unable to reposition the person for any reason, leave the patient in a seated position.

6. 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. In rare instances, time to death may extend many hours; and even more than a day. Regardless of length, the medication will

be effective, and the dying person will remain unconscious throughout.

7. Once the patient has fallen asleep and is unarousable, **supplemental oxygen** should be turned off.
8. **Ingesting through a tube:** For people with feeding tubes or rectal tubes, it is generally easy to administer the life-ending medications.
 - Pour 3 ounces of water into the bottle of powdered medication, recap, and shake vigorously for 30 seconds. Depending on the method of administration, immediately pour into a previously-flushed gravity feeding bag OR pour into a wide mouth glass or measuring cup and draw the medication into 2 funnel-tipped 60 ml syringes. This may be done by a caregiver or the Volunteer Client Adviser.
 - When the Patient is ready
 - **Attaching a syringe directly to the feeding or rectal tube:** Insert the first syringe into the feeding or rectal tube. Someone can help insert and/or hold the syringe in the tube, but the patient must press the plunger. The patient should empty the syringe in 1-2 minutes, then repeat the process with the second syringe. Once completed, clamp the tube to prevent leakage; flushing is not necessary.
 - **Gravity -feeding bag apparatus:** Alternatively, the life-ending medications, can be ingested through the feeding tube using a previously flushed gravity-feeding bag. Empty the just mixed bottle of medication into the feeding apparatus (bag or open-syringe set-up) while the apparatus tubing to the patient's feeding tube is still clamped. *The patient must self-administer the medicine by opening the valve or clamp.*
9. **Write down the following information**, which the attending (prescribing) physician will need in order to complete the required paper for the Department of Health. Please pass this information on to your Volunteer Client Adviser or the prescribing physician.

Time anti-nausea medications were taken: _____

Time life-ending medicine was taken: _____

Time the person lost consciousness: _____

Presumed time of death: _____