



Thank you for contacting End of Life Washington. Whether you reached out to us to be connected with a volunteer, or requested information, we hope that you find the enclosed documents helpful.

End of Life Washington envisions a world where people understand their end-of-life choices and can die on their own terms, without barriers. There is never a fee for any service we provide.

Our volunteers are trained and educated to be a resource for you regarding:

- End of Life options in Washington State
- Steps to access the Death with Dignity Act
 - Help with discussing medical aid in dying with those important to you
 - Locating physicians and pharmacists who will support your rights
 - Preparing the life-ending medication
 - Being present with you and your care team on the day of ingestion
 - Discussing ways to control the manner and timing of death

Please visit our website: www.endoflifewa.org. It contains client resources, links to related websites, and other documents you might find useful.

If you have any questions please contact our office at 206.256.1636. All contacts and information are held in the strictest confidence.

Death with Dignity Checklist

Do you qualify? You must be...

- A resident** of Washington (contact us for more information if you are outside the state)
- 18 years of age or older**
- Mentally competent to make an informed decision** at the time of your request
- Terminally ill** with a life expectancy of 6 months or less
- Able to self-ingest** the medications (contact us if you are unsure)

Requirements of the law:

- An **Attending (Prescribing) Physician (AP)** who writes the prescriptions
- A **Consulting Physician (CP)** who verifies the diagnosis and prognosis
- Two oral requests** for DWD with a **minimum** of 15 days between
- A **written request** for life-ending medications (on our website and included here)

Step-by-step instructions

- Step 1.** Make a clear request to use the WA Death with Dignity law to a medical doctor (MD) or osteopathic doctor (DO), and be sure it is recorded in your medical chart.
- Step 2.** Identify and schedule a visit with an MD or DO who is willing to act as the Attending (Prescribing) Physician.
- Step 3.** Identify and schedule a visit with an MD or DO who is willing to act as the Consulting Physician.
- Step 4.** After seeing both AP and CP, complete the written request for medications and return it to the AP. Important: Be sure it is witnessed by two people at the time of signing.
- Step 5.** At least 15 days after the first oral request was recorded, make a second oral request for DWD to the Attending (Prescribing) Physician.

End of Life Washington services

- We can help you find supporting physicians.
- We do not charge for our services.
- We can be there for you, and the person or people you choose to be with you, should you decide to take life-ending medications.
- Submit an online support request form at www.endoflifewa.org or call us at **206.256.1636**

Making Your First Oral Request

This documented request starts the 15-day timeline required by law to receive the prescription.

“Please document that I have made a first oral request for life-ending medication under the Death with Dignity law.”

Start with your Primary Care Physician, Specialist, Palliative Care or Hospice Physician
(Must be an MD or DO)

- Ask them to please document your first oral request **using the language in the box on the left.**
- If they refuse to document your request, go to another physician with whom you have consulted.
- If they agree to document your request, ask, **“Will you support me?”** If they will not or cannot support you, ask, “Can you refer me to a physician who will support me?”
- If they will not or cannot refer you, go to another one of your physicians, or consult with your End of Life Washington Volunteer.

Instructions For Filling Out Request For Medication

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 to 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 also 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 at 206-256-1636 or info@endoflifewa.org.

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:
------------	----------------------	-------

DECLARATION OF WITNESSES

By initialing and signing below in the presence of the person named above signs, we declare that the person making and signing the above request:

Witness 1 Witness 2

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is personally known to us or has provided proof of identity; |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Signed this request in our presence on the date following the person's signature; |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Appears to be of sound mind and not under duress, fraud or undue influence; |
| <input type="checkbox"/> | <input type="checkbox"/> | 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: Only one of two witnesses may be a relative by blood, marriage, or adoption of the person signing this request, or be entitled to any portion of the person's estate upon death. Only one of the two witnesses may own, operate, or be employed at a health care facility where the person is a patient or resident. The patient's attending physician at the time of the request is not eligible to be a witness. If the patient is an inpatient at a long-term health care facility, one of the witnesses shall be an individual designated by the facility.

Death With Dignity Preparations

For clients, families, community, 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 can be an important support program, most often provided in the home, for terminally ill people, loved ones, their care team, and important people. Clients who enroll in a hospice program can maximize their access to resources. Studies have shown that, on average, people enrolled in hospice care can enjoy better comfort and quality of life for more of their remaining days. You will be able to have a conversation about the services that you receive and the ones that you do not wish to participate in. Hospice can also simplify the process at the time of death because only one phone call needs to be made to the hospice program, which coordinates with the medical examiner and funeral home that you have preselected.

About the life-ending medication

There is not one simple pill that a person can take to end their life under Death with Dignity. The prescription methods now available require the individual to drink (or self-administer through a tube) 2-4 ounces of medicine dissolved in liquid. The attending physician will generally prescribe pre-meds; 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. These medications are extremely bitter tasting, and cause side effects in a small proportion of people. Less than 10% of people experience a few minutes of burning sensation, which is mitigated by sorbet and popsicles. About 1% of people will experience seizure/s after falling into a coma.

The DDMAPh and DDMA mixtures each contain Diazepam, Digoxin, Morphine, and Amitriptyline (DDMA), DDMAPh has Phenobarbital as well. Diazepam, morphine, and phenobarbital are all sedatives/

narcotics, which eliminate pain, cause the client to quickly fall asleep and 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*. Please allow the pharmacist several business days to prepare the compounded mixture. Because about one-third of clients for whom prescriptions have been written never take the medication, waiting to request the medication eliminates the unnecessary expense of unused medication, and the need for the family to dispose of it legally and safely.

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

The drug mixture will be dispensed in powder form in a dark glass bottle and must be kept out of reach of children, vulnerable adults, and pets. The medications can be safely stored for 6 months in the powdered form, and 72 hours in the fridge if they have been reconstituted with liquid. The life-ending medicines and the anti-nausea medicines should be stored together in a cool dark place, such as a safe or a hard-to-reach cupboard.

Ability to self-administer 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 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 can be present at the time of death?

Whomever the dying person would like to be there; 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 (either 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 their time to death after taking the medication varies greatly, depending on the person's physical condition and ability to absorb the medication. Some deaths in which EOLWA volunteers have participated have occurred within five minutes of ingestion, but others have taken as long as 24 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

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.

natural dying process: snoring, gurgling noises, changes in breathing (slower or faster), long pauses between breath, changes in skin color (increased paleness, grayness, or blueish tint), or cooling of the skin. 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, the client and family should 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 air in their 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. People may take as much time as everyone present needs to observe cultural or spiritual traditions; gather together and reminisce, mourn, grieve and 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. Consult with your volunteer for support. 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 not work.

1. 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, or Carafate (sucralfate).

2. 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, no dairy products. Coffee is okay if it is black or sweetened with sugar only.

3. 1 hour prior to taking the 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 (DDMAPh, DDMA, and DDMP2): NOTE: Consume these medications while 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.*

1. Pour the selected liquid into the bottle of powder.
2. Recap the bottle securely and shake vigorously for at least 30 seconds.
3. Pour the liquid medication into a glass and drink immediately (straw optional).
4. Drink all of the liquid medication within 1-2 minutes. The medicine will taste bitter and may 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* such as 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.

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.

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.

Once the patient has fallen asleep and is unarousable, **supplemental oxygen** should be turned off.

Write down the following information, which the attending (prescribing) physician will need in order to complete the required paperwork 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: _____

Options for Clients Who Cannot Swallow

Death with Dignity is legal even if a person cannot swallow or can no longer eat. The medication can be self-administered through a feeding tube or rectal tube. Modes of self-administration include: pushing on a syringe into a tube; opening a stopcock or removing a clamp on a gravity fed bag; or turning on a switch for a device set to administer the medicine.

Work with physicians and the care team to determine the most appropriate mode of self-administration. End of Life Washington has additional resources available at <https://endoflifewa.org/medical/> or by reaching out to us at 206.256.1636.

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 Client is ready:

- **Attach 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.*

How You Can Help End Of Life Washington

When you make a donation or planned gift to End of Life Washington, what matters to you carries on in the service of others.

With your help, End of Life Washington educates the public, builds partnerships with health care providers, advocates for patients' rights, and provides services and resources — free of charge — to incurably and terminally ill people and their loved ones.

We are the only organization in the State of Washington that upholds the rights of qualified terminally ill adults to use Washington's Death with Dignity Act.

End of Life Washington depends almost entirely on gifts from people like you. Your tax-deductible gift will be used to continue EOLWA's profound sense of care, commitment to reducing suffering at the end of life, and dedicated statewide community of volunteers.

Donate by Mail

Send your check or other donation information to:

End of Life Washington, 9311 SE 36th St, Suite 110, Mercer Island, WA 98040

Donate Online at www.endoflifewa.org

Arrange for a Memorial Request

Place a statement in your obituary requesting that memorial donations or remembrances be sent to End of Life Washington, 9311 SE 36th St, Suite 110, Mercer Island, WA 98040.

Give a Legacy Gift

- Make a bequest to End of Life Washington through your will
- Set up a charitable trust
- Make End of Life Washington a beneficiary of your life insurance
- Name End of Life Washington as a beneficiary of your retirement account

Employee Giving Programs

We participate in the Washington State Combined Fund Drive (0316183), King County Employee Giving Program (9161), and City of Seattle Combined Charities program.

You can also designate your United Way contribution.

Matching Gifts

Make a gift that will be matched. Contact your company's matching gifts program.

Donate Stock

To donate stock, contact Fidelity Investments, 800.343.3548. You will need this information:

Account Name: End of Life Washington

Account Number: Z48-745570

EIN: 91-1412987

DTC: 0026

Make a Qualified Charitable Distribution

This can be done from your IRA if you are 70 ½ years old or older.

Volunteer

When the time is right, check back in with us to find the right way to participate. Our work would not be possible without the service and dedication of our volunteers.