

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.