Below is a first-hand account of Anjanette G.'s experience helping her brother, Steve, find a provider.

My brother Steve was a triathlete and loved jazz music. At every opportunity, he would take his three dogs down to the Columbia River near his home in Vancouver, WA, for a swim. Growing up, Steve and I were there for each other through thick and thin.

Over this past Thanksgiving holiday, I went with Steve to see his oncologist in Portland, OR. We listened in silence as the doctor shared that Steve's melanoma had metastasized. Without immunotherapy, my brother had less than six months to live.

We explored the full range of palliative care and end-of-life options. Given the poor prognosis for remission, Steve saw no point in proceeding with treatment. However, Steve was relieved to hear the doctor mention medical-aid-in-dying (MAiD). We were well aware of this option, and we wanted to be ready to avail ourselves of it when the time came.

Two months later, I received a text from my brother: “Help!” Steve had vomited blood, so I told him to call 911 while I drove down from Seattle to be with him. (continued on p. 5)
Demand for Services Soars

In just five years, the number of clients seeking help with end-of-life decisions grew by more than 70% -- pushing the need for physicians to new extremes.

Want to stay up-to-date on how you can make a difference? Sign up for our E-Newsletter!

Go to www.endoflifewa.org/news

Subscribed already? Make sure your friends and loved ones are too!

Facing Reality with a Bold Vision

After 13 years of helping all clients who need help finding physicians to prescribe aid-in-dying medication, we are on the verge of not having enough willing physicians to support the unprecedented number of clients reaching out to End of Life Washington (EOLWA) for assistance. We need your help so that we never turn any clients away!

Today, EOLWA supports close to 90% of the people accessing medical aid-in-dying in Washington. Seven of every ten clients we serve need help finding a supportive physician. A dedicated team of 28 retired physician volunteers comprises our free, community-based end-of-life care system. We are experiencing rapid growth in the number of new clients. In 2020, 540 people became EOLWA clients; in 2021, 740 people enrolled as clients, a 37% increase. We have enrolled 200 people in the first three months of 2022; we anticipate serving over 800 clients this year.

Fortunately, we have a clear vision and a strong plan to increase the number of providers statewide who are ready and able to support their terminally ill patients’ wish to access aid-in-dying.

We are devoting this entire newsletter to helping you, our beloved community, understand:

1. The strengths and limits of our provider network.
2. The provider continuum we envision building.
3. How you can help.

We intend to expand, nurture, and sustain an Aid-In-Dying Provider Network that spans secular and nonsecular medical systems and EOLWA’s free community-based system, with a priority for underserved areas and communities. To reach this goal, we will bring on a licensed Medical Director to help coordinate services and ongoing opportunities for provider professional development, peer support, and networking.

Bringing on a Medical Director and devoting staff time to intentionally building a provider network that spans a continuum from free community-based end-of-life care to supportive providers in secular and nonsecular medical systems is groundbreaking.

We can be this bold because of you. You helped pass the Death with Dignity Act. You support us to reach more people, change laws, and keep our services free. You expect us to keep advocating, serving, and adapting.

Thank you!

We are not stopping here. We are also very proud to launch EOLWA Visionaries, a multi-year donor circle to fund the Aid-In-Dying Provider Network. You can find more information about how you can become a Visionary and other ways to support EOLWA on page 7.

We are living with so much uncertainty. Yet, knowing that we have committed supporters, people like you, across the state inspires a sense of confidence and hope. We are better and more resilient together.

Inspired and grateful,

Judy A. Kinney, MSW
Executive Director
Physician Scarcity Continues to Challenge Access to Death with Dignity

by Chris Fruitch, Volunteer Storyteller / Client Advisor

Often when people are ready to die, it’s hard to find a doctor.

Though that may appear unexpected and contradictory, it is sorrowful for many dying patients. Increasingly, people with terminal conditions are interested in the option of medical-aid-in-dying (MAiD) – taking a doctor-prescribed lethal medication to die with peace and autonomy.

Unfortunately, too few doctors in Washington State are willing or able to write those prescriptions.

The scarcity of physicians continues to challenge and generate angst in the death with dignity community, which helped Washington’s law get passed more than 13 years ago.

More than 20,000 physicians provide direct patient care in the state, yet patients in 70% of death-with-dignity cases could not rely on their own doctors to prescribe their medical-aid-in-dying medication.

Doctors have many reasons for opting out of MAiD cases.

- Physicians working in religious health care systems and hospice organizations are forbidden by contract from helping death with dignity patients, as are physicians working for the federal government.
- The process of patient meetings and mandated state paperwork is very time-consuming.
- Some don’t know about or understand the Death with Dignity Law and how it works.
- Other physicians feel that the original Hippocratic Oath would be violated, or openly working with MAiD patients could violate federal HIPAA rules.

"Doctors are often overextended," says Dr. Bob Wood, "Then the MAiD work becomes one more burden for them."

Dr. Roy Graves, a retired emergency room physician, often helps MAiD patients and is open about why some can’t help. “Some doctors are just trying to make a living,” Graves says. "In primary care, it’s challenging just to keep the lights on."

Dr. Carol Parrot is a retired anesthesiologist who maintained her licenses to help with MAiD cases. Over the past ten years, she has aided hundreds of patients. She has mixed feelings about physicians who opt out.

"Between the meetings and phone calls and writing the prescription and getting them to the pharmacy plus taking calls from family members and working with volunteers, we can spend between 3 and 10 hours per patient," Parrot says.

She goes on to say, however, that sometimes arguments against participating ring a bit hollow. She asks, "how does this compromise HIPAA? And for those who don’t understand the law, are they uninterested in learning it? Or do they think it is too complicated or what? They can easily get information from the state or End of Life Washington."

Parrot and Graves agree that the time commitment can become particularly burdensome. Volunteer doctors sometimes search through volumes of records to confirm a patient’s eligibility for the law. “This is not something a doctor can simply integrate into an office visit,” Parrot says.

So, what can be done?

Parrot says the way forward may not be easy. Education – at every level – is a key element in recruiting more doctors.

"I actually think it needs to come from the hospitals and residencies," Parrot says. "I don't think this is a quick fix. It needs to be part of a curriculum so [medical students] know this is a different branch of medicine. We also need to approach hospitals and see if they can add MAiD to physician medical continuing education."

"Learn more about how to become a volunteer provider on p. 5."
Although Representative Skyler Rude’s House Bill 1141 did not advance out of the Senate Health and Long Term Care Committee this legislative session, we remain hopeful that the Legislature will eventually take steps to reduce the barriers that terminally ill Washingtonians must navigate to exercise their choice to die with dignity and autonomy. In addition to shortening the required waiting period from 15 days to 72 hours, a very important goal of the bill was to allow Nurse Practitioners and Physician Assistants to participate in medical-aid-in-dying. This would have doubled the number of practitioners eligible to see patients seeking death with dignity at the end of life. There are close to 20,000 physicians and roughly about 11,000 Nurse Practitioners and Physician Assistants in Washington.

As it did last year, the bill quickly passed the House with bipartisan support. This year, we focused on the Senate and arranged constituent meetings with several Senators. Our lobbyists met individually with 20 senators. We provided endorsement letters from 40 physicians, social workers from the Seattle Cancer Care Alliance, four elder law attorneys, the Washington chapter of the National Association of Social Workers, and the Nurse Practitioners’ Association. You and hundreds of other supporters emailed or called key Senators to voice support for the bill. Thank you!

Our lobbyists counted the number of votes we had in the Senate, and we were confident that the bill would also pass the Senate. At the last minute, timing during a short and busy session kept the bill from moving forward.

What did pass was a $200,000 budget proviso to fund a University of Washington study of barriers to accessing Death with Dignity medication. With the findings of this study due in December, we anticipate having more factual support for reducing barriers to patients’ access to Death with Dignity. The study may point to other ways to improve patient access to the law, such as offering training for practitioners so they will be more confident to help their dying patients instead of not wanting to be involved. Also, we hope that some of the bureaucratic and paperwork requirements for practitioners who prescribe can be lessened so that they will not be as reluctant to help. Who knows what other positive changes a professional study might identify?

We know we cannot wait for the Legislature to act. As other articles in this newsletter explain, we are now taking other actions needed to have enough providers to enable everyone who calls EOLWA to receive quality, no charge assistance with their end-of-life plans. But rest assured, we will return to the Legislature for help.
At a hospital in Vancouver, an endoscopy revealed that the cancer had spread significantly, so Steve signed up for hospice care. I was concerned when I realized that the hospital and its employees were forbidden to talk about, let alone assist with, MAiD. I contacted Steve's provider in Oregon only to be told that they could not “cross the river” from Oregon into Washington to assist us. So we had to figure out how to access MAiD on our own.

After Steve returned home, we contacted his primary care provider, a Physician's Assistant (PA) at Vancouver Clinic, to see if they could help us with MAiD. We learned that PAs could not act as the consulting or the attending physician. We were referred to the doctor on the palliative care team. She was out of town, so we made a telehealth appointment for the following week.

In the interim, we contacted End of Life Washington. After a lengthy phone interview, we were referred to a doctor who agreed to act as our consulting physician. A Volunteer Client Advisor (VCA) at End of Life Washington outlined the MAiD process and legalities, including what would happen on the day of death, which he referred to as the hastening. We now waited for Steve's telehealth appointment with one piece of the puzzle in place.

When we finally spoke with the doctor from Vancouver Clinic the following week, she inexplicably shared that she could no longer act as an attending physician in a MAiD case. She offered to refer us to another medical institution, but it would be a week before an initial appointment. The palliative care nurse at Vancouver Clinic had given us every indication that the doctor would work with us, and this was a last-minute surprise that we could have done without. I was livid.

We contacted End of Life Washington again and were connected to one of their volunteer doctors, who met us at Steve’s home a few days later. After interviewing and walking us through the process, he agreed to act as Steve’s attending physician. Our team was finally in place.

A week later, Steve called me into his bedroom. As I sat by his bedside, he said, “I am no longer living life.” By this time, he was mostly bedridden, unable to cope with the exhaustion and suffering wrought by the cancer. It broke my heart to see my brother in this state, given his love of life and being outdoors. I asked him if he wanted me to contact our team. He said yes, and we picked a date.

On the selected day, the team arrived at Steve’s home. They compassionately revisited all the options with Steve and then detailed exactly what was about to happen. Finally, at 11 am on Thursday, Feb 17, Steve made the most important decision of his life. Steve's team stayed with us for several hours, finally confirming that Steve had passed on. The End of Life Washington VCA kept me company until the mortuary came to collect Steve's body.

It’s deeply concerning to me that close to half of medical services in Washington can bar employees from supporting patients who want to access MAiD.

As a family, we were going through a very difficult time in our lives. Without the support and help of End of Life Washington, Steve and I would have struggled to take the necessary next steps. Words fail me in the attempt to adequately express my gratitude to End of Life Washington.

Note: As of late March 2022, Oregon will no longer enforce the residency requirement, which will allow access to medical aid-in-dying (MAiD) for qualifying non-Oregon residents. Because of this new lawsuit settlement, physicians can care for their non-resident patients, like Steve, who seek to access MAiD.
It’s Critical; the Strengths and Limits of Washington’s Aid-in-Dying Provider Network

by Cassandra Sutherland, MPH, Client Services Manager

I write this on the last day of March, a month that brought ninety new clients to End of Life Washington (EOLWA). People are seeking support from EOLWA at unprecedented levels. Weekly, EOLWA is serving more clients and educating more people. However, access to supportive physicians is not keeping pace with the need.

We realize end-of-life care in Washington is unequal. Access to support and services is influenced by class, race, geography, etc. Even receiving the best care possible, a doctor may be prohibited from supporting your choice for an aid-in-dying prescription.

Religious health care systems, where providers are prohibited from participating in medical-aid-in-dying, make up close to half of Washington’s medical services. This is where End of Life Washington’s volunteer physician community-based model is a foundational part of a state-wide system of aid-in-dying services.

EOLWA serves close to 90% of all people accessing medical-aid-in-dying in Washington. We partner with some amazing people to make it possible, and we would not be able to do any of it without volunteers, particularly volunteer physicians. Our volunteer providers will always fill the gap in services created by restricted religious health systems, and our free end-of-life care system remains a model for other aid-in-dying organizations.

Presently, End of Life Washington relies on roughly 28 volunteer physicians. These incredible volunteer doctors make up the backbone of client services. Each year they see hundreds of clients who otherwise would not have access to aid-in-dying. They are an incredible bunch, and we thank them for their service, yet they should not be the primary providers of aid-in-dying support.

Access to aid-in-dying services is in a critical situation; more providers are needed to match the rate at which clients seek to access aid-in-dying services.

We are launching a ground-breaking Aid-in-Dying Provider Network because we believe that each of us, should we become terminally ill, should be confident that we can access aid-in-dying services when we see our medical provider. Launching the Provider Network is a three-year project, though we imagine that the benefits will continue far into the future. The Provider Network will be grounded in our three mission areas – support, awareness, and advocacy.

An early priority will be to work within secular health care systems. We are confident that with more opportunities for education and mentoring, many hesitant physicians can, and will, support their patients who choose to access aid-in-dying. We have many collaborative partners —supportive healthcare institutions, palliative programs, and hospices that are a model for end-of-life care. Social workers and physicians support their patients to navigate the aid-in-dying process.

Our Aid-in-Dying Provider Network plan will build upon current models of care and will strengthen and expand access across the state. If you work in or are retired from health care and want more information about how to get involved, reach out to me at providers@endoflifewa.org.
Help us protect and support the most important decisions of your life!

There are two ways that you can directly fuel EOLWA’s impact and help us stay bold, pioneering and courageous.

Support EOLWA’s tireless efforts to provide the education, support and advocacy necessary to support the growing number of Washington residents who wish to exercise their choice to die with peace and autonomy. There is never a charge for our services.

We hope to raise $150,000 by June 30th to fund End of Life Ready presentations, client services, and the ongoing advocacy efforts that benefit thousands of people each year. Your financial support funds our foundational services while we also work to expand, nurture, and sustain a ground-breaking Aid-in-Dying Provider Network.

Use the enclosed remittance envelope or give online at www.endoflifewa.org/give

Your donation is 100% tax-deductible, and we strive to be consistently thoughtful stewards of your financial support.

Or, consider being one of EOLWA’s 20 visionaries...

End of Life Washington Visionaries

Boldly Assuring Access to End of Life Care Across Washington

End of Life Washington Visionaries will raise $570,000 over three years to launch Washington’s Aid-in-Dying Provider Network. This first-in-the-nation network spans Washington’s end-of-life care continuum, from End of Life Washington’s free community-based care to religious health care systems. Funding goes directly to contracting with a licensed Medical Director and coordinating ongoing opportunities for provider professional development, peer support, and networking.

The Visionaries are 20 supporters who make a three-year annual financial commitment in cash and pledges to join one of three giving circles.

- Legacy Circle $20,000
- Sustainers Circle $10,000
- Builders Circle $5,000

Visionary members will have front row seats to observe the development and impact of the Provider Network through monthly updates. Visionaries can connect with each other and Provider Network thought leaders through exclusive quarterly gatherings. We anticipate coming together both in-person and online throughout the course of the year.

All donations are 100% tax-deductible.

For more information or to register to attend an upcoming informational meeting, please contact End of Life Washington’s Executive Director, Judy Kinney, at jkinney@endoflifewa.org

End of Life Washington

Providing the Right End of Life Choice

THANK YOU

TO ALL OF OUR WONDERFUL VOLUNTEER PROVIDERS

The key to our success rests in people like you, who contribute to making a tangible difference in people’s lives.