



Thank you for contacting End of Life Washington. Whether you reached out to us to be connected with a volunteer, or to request 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 support 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. We maintain strict confidentiality with all contacts and information.

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 a minimum of 15 days apart
- 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 any medical doctor (MD) or osteopathic doctor (DO), and be sure it is recorded in your medical record.
- 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.

Medication

- The Medication is mixed in 2 ounces of liquid, and ingested.
- DDMAPh is compound mixture of digoxin, diazepam, morphine, amitriptyline, and phenobarbital
- The prescription is good for 6 months and the approximate cost \$750 - \$850 at a compounding pharmacy

End of Life Washington services

- There is never a fee for our services
- We can help you find supporting physicians.
- 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.
- Our Volunteer Client Advisers (VCAs) can mix the medication for you
- Submit an online support request form at www.endoflifewa.org or call us at **206.256.1636**

Making Your First Oral Request

A first oral request is a documented request that starts the 15-day timeline required by law to receive the Death with Dignity prescription.

- Start by talking to your Primary Care Physician, Specialist, Palliative Care or Hospice Physicians. The physician must be a licensed Washington MD or DO, and does not have to be involved further in the Death with Dignity process.
- All Washington state MD's and DO's should record a First Oral Request, however not all are willing.
- Ask your physician to document your first oral request in your medical record, using the language in the box below.

"Please write in my medical record that today I made a first oral request for life-ending medication under the Death with Dignity Law."

If they agree to document your request, ask, **"Will you support me as I seek out Death with Dignity?"**

- If the physician 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, you can go to another one of your physicians, or consult with your End of Life Washington volunteer.



INSTRUCTIONS FOR FILLING OUT “REQUEST FOR MEDICATION” FORM

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 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 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.

End of Life Washington is a nonprofit organization that provides information, education, and 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.



Death With Dignity Preparations

For clients, families, community, supporters, and loved ones

End of Life Washington is a nonprofit organization that provides information, education, and 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 to access aid-in-dying medication. Confidentiality is strictly protected. There is never a fee for our services.

If you decide to take the aid-in-dying medication, a Volunteer Client Adviser can provide you and your loved ones with guidance through this process, including being present on the day of ingestion to mix the medications and provide support. Getting connected with a volunteer takes a few days, so please reach out to End of Life Washington early in the process.

If you have any questions about this information, or are interested in getting connected to a volunteer please fill out an online Request for Support at <https://endoflifewa.org/request-support/> or contact the End of Life Washington office at 206.256.1636.

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. End of Life Washington encourages all of our clients to enroll in hospice, but we can assist you in the Death with Dignity process regardless of your enrollment in hospice.

About the aid-in-dying medication

There is not one simple pill that a person can take to end their life under the Death with Dignity act. The prescription method now available requires the individual to drink (or self-administer through a feeding tube or rectal catheter) 2-4 ounces of medicine dissolved in liquid. The attending physician will generally prescribe pre-meds in addition to the life ending medication. The pre-meds are two medicines used to prepare the intestines and prevent nausea and vomiting. These two medicines are very small pills and are taken one hour ahead of the aid-in-dying medicine.

The aid-in-dying medication recommended by EOLWA is referred to as DDMAPh. The medication usually causes a person to fall asleep in 3-15 minutes. Sleep is followed by a deep coma and a peaceful death. This medication is extremely bitter tasting, and causes side effects in a small proportion of people. About 10% of people experience a few minutes of burning sensation. The bitter taste and burning sensation can be mitigated by having clients suck on sorbet or popsicles before and after taking the medication. About 1% of people will experience seizure/s after falling into a coma.

The DDMAPh mixture contains Diazepam, Digoxin, Morphine, Amitriptyline, and Phenobarbital.. 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, they can be held on file 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. About one-third of clients who receive a prescription never take the medication; waiting to fill the prescription eliminates the unnecessary expense of unused medication, and the need for loved ones 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. If 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 aid-in-dying 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. 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.

Ability to self-administer the aid-in-dying 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 client practices swallowing 4 oz. of water within 2 minutes before attempting to use the aid-in-dying 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) aid-in-dying medicines?¹

Many people take their medication at home or at the home of a loved one. All but a few hospitals and skilled nursing facilities in Washington prohibit taking aid-in-dying medicines on their premises. Although people living in a retirement or Continuing Care Communities are legally permitted to take lethal medications onsite, 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

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.

with Dignity on the premises, then loved ones, 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?

The dying person can choose to have whomever they want present. Most people who take the medication want to die in a peaceful environment, supported by the people they choose. The client and loved ones should discuss this in advance. The Death with Dignity law does not specify any requirements for who should be present, it is up to the dying person.

End of Life Washington does recommend that an experienced Volunteer Client Advisor be present at the death to help with mixing the medication, managing the timing, and to be available for any questions or concerns from those present. 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 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 aid-in-dying 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 30 hours. Be assured that once the person falls asleep, they will be in a peaceful state and will not experience any suffering. Those present at the death may witness

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some or all of the following during the 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. There can also be twitching or other physical movements. The dying person will not be aware of any of this. The client may not die as soon as expected, but 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. 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.)

If volunteers are present, they will stay as long as appropriate and will then be available by phone. We suggest clients and loved ones discuss with their volunteers ahead of time how long they can stay. If hospice workers want to be updated on the death process, the client or loved ones should assign someone to inform them.

After Death Occurs

There is no hurry to notify anyone or have the body removed. Take as long as you need to observe cultural or spiritual traditions; be 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.

Unused Medications

The aid-in-dying medications are controlled substances. They must be disposed of properly. You can request a pre-paid, pre-addressed mail back envelope from <https://med-project.org/locations/washington/mail-back-services/>. You can also take the unused medication to a local police station or find a facility that accepts medications. Visit takebackyourmeds.org or call 1.800.732.9253 toll-free to find a facility near you. If you have questions you can 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 Aid in Dying Medications

Note: If these directions are not followed the process may take longer, or not work.

If you have any questions about these instructions please reach out to your volunteer or the End of Life Washington office at 206-256-1636.

1. 12 hours prior to taking the aid-in-dying medications:
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 that came with your prescription: 2 mg of Haldol (haloperidol) OR 8 mg of Zofran (ondansetron) AND 20 mg of Reglan (metoclopramide)
4. Mix and Consume the lethal medication
NOTE: Consume these medications while comfortably situated. These medications can cause someone to fall asleep quickly. Just prior to swallowing the lethal medication, mix the medications to make a smooth, non-clumpy solution by using 2oz. of water, OR 2oz. of clear juice
 1. Pour 2 oz water or liquid into the medication bottle.
 2. Recap the bottle securely and shake vigorously for at least 30 seconds.
 3. Pour the liquid medication into a glass and drink immediately
 4. Drink all of the liquid medication within 1-2 minutes. The medicine will taste bitter and may cause a burning sensation. Before and after swallowing the aid-in-dying medication you can suck on sorbet or a popsicle to reduce the chance of burning and help reduce the bitter taste. After finishing the medication you can sip on water, clear juice, or an alcoholic beverage, or have some sorbet or popsicle 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 aid-in-dying 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.

In most cases loss of consciousness occurs within 3 to 15 minutes. 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 aid-in-dying medicine was taken: _____

Time the person lost consciousness: _____

Presumed time of death: _____

After Death Occurs

There is no hurry to notify anyone or have the body removed. Take as long as you need to observe cultural or spiritual traditions; be together and reminisce, mourn, grieve and celebrate life. When you are ready you can call hospice and the funeral home to notify them about the death. It may be several hours before the funeral home is able to pick up the body.

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.

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 aid-in-dying 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 aid-in-dying 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 several employee giving programs including the Washington State Combined Fund Drive (0316183), King County Employee Giving Program (9161), and the 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 Schwab. You will need this information:

Account Name: End of Life Washington

Account Number: 27784750

EIN: 91-1412987

DTC: Clearing 0164, Code 40

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.