



ATTENDING PROVIDER'S CHECKLIST FOR WA DWDA

This document was created by End of Life Washington to assist you in completing the Death with Dignity Act (DWDA) requirements but is not part of the required DWDA Department of Health paperwork. If this document is not helpful to you, please disregard it.

Patient Name: _____

- First oral request for Death with Dignity (ok to accept transfer of FOR) Date _____
 - Informed the patient of: Date _____
 - The terminal diagnosis
 - the prognosis
 - the potential risks associated with taking the prescription medication
 - the potential result of taking the prescription medication
 - the feasible alternatives, including, comfort care, hospice care and pain control
 - Determined: Date _____
 - the patient has a terminal disease
 - the patient has six months or less to live
 - the patient is competent
 - the patient is a Washington state resident
 - the patient is acting voluntarily
 - the patient made their decision after being fully informed
 - Evaluated patient's judgment and competency Date _____
 - Referred for psych consult, if needed Date _____
 - Assessed underlying concerns for pursuing MAID Date _____
 - the financial cost of treating or prolonging the patient's terminal condition
 - the physical or emotional burden on family, friends, or caregivers
 - the patient's terminal condition representing a steady loss of autonomy
 - the decreasing ability to participate in activities that made life enjoyable
 - the loss of control of bodily functions, such as incontinence and vomiting
 - inadequate pain control at the end of life
 - a loss of dignity
 - Also Date _____
 - Informed the patient of their right to rescind the request at any time
 - Recommended that the patient inform their next of kin
 - Counseled about the importance of having another person present if/when they take the medications
 - Counseled about the importance of not taking the medications in a public place
 - Asked what type of health-care coverage they have (Medicare, Medicaid, Military/CHAMPUS, V.A., Indian Health Service, Private insurance, No insurance, Unknown)
 - Assessed for possible coercion
 - Received psych consultant's compliance form, if needed Date _____
 - Received Consulting Provider's Compliance Form Date _____
 - Received Written Request for Medication Date _____
 - Second oral request (not less than 7 days after 1st) Date _____
 - Informed patient of right to rescind Date _____
 - Counseled patient to take medication in a private setting Date _____
 - Counseled patient to take medication with someone present Date _____
 - Rx written and sent (fax, electronic, mail, delivered) Date _____
 - Complete and submit forms to DOH within 30 days of writing rx Date _____
 - AP compliance
 - CP compliance
 - Written Request
 - Psych assessment if done
- After Death – within 30 days
- Complete and submit After Death Reporting Form to DOH Date _____