



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. Clients never have 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.

Please fill out an online Request for Support at <https://endoflifewa.org/request-support/> and we will contact you to follow up. If you do not have access to a computer/internet connection, or do not have the ability to complete the online form, call us 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 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 ounces of medicine dissolved in liquid. The attending provider 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 20% 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 entering 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-\$900 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 provider. If the prescribing provider 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 (about 3 days) 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 2 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 or 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. Talk to the prescribing provider about these methods of administration if there are swallowing concerns. For more information, visit the American Clinicians Academy on Medical Aid in Dying: <https://www.acamaid.org/rectal-administration-of-aid-in-dying-medications/>

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 retirement or Continuing

¹ Under state's Death with Dignity law it is not legal to take the medicines in a public place.

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 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 some or all of the following during the 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.