

ATTENDING PROVIDER’S GUIDE TO THE WASHINGTON DEATH WITH DIGNITY ACT

This guide briefly explains the steps any provider needs to take to become a patient's Attending Provider for the purposes of Washington's Death with Dignity Act (DWDA), and to ensure compliance with the law. DWDA protects providers and other health care providers who participate in good faith from criminal and civil liability and from professional disciplinary action. A copy of the law is available from EOLWA (contact information at bottom of each page), and from the Washington State Department of Health (DOH, www.doh.wa.gov/dwda). We periodically update this document to reflect medical advances and legal changes.

Definitions:

"Attending Provider" (AP) is the provider who agrees to write the prescriptions for DWDA. The AP also takes primary responsibility for counseling the patient, ensuring compliance with the law, and submitting provider documents to the DOH.

The "Consulting Provider" (CP) examines the patient and makes a written confirmation of the patient's diagnosis, prognosis, ability to make an informed decision, and voluntary decision making.

The law requires the patient to:

1. Be an adult – 18 years of age or older.
2. Be a Washington resident.
3. Be able to make and communicate an informed health care decision.
4. Have a terminal illness – an incurable and irreversible disease that will, within the reasonable medical judgment of both the AP and CP, result in death within six months.
5. Make voluntary requests (two oral and one written) for life-ending medication. The written request can only be made by a patient who has been evaluated at least once by the AP and informed of their diagnosis, prognosis, the likely effects of the DWD medicines, and of the alternatives to DWD.

Who is Eligible?

Timetable for Completing the Eligibility Process *

Day 0	Once evaluated at least once by	Day 7 or later	Day 7 or later
Patient makes <u>1st oral request (FOR) to a provider</u> ; if not to the provider who will be AP, the documented FOR needs to be obtained by the AP for their files.	After AP-has seen the patient, accepted the 1 st oral request, and certified the patient as eligible under the DWDA, the patient may complete the Written Request for Medication To End My Life Form (WR). <i>This form must be signed by the</i>	Patient makes a <u>2nd oral request (SOR)</u> to the AP, at least 7 days after the first oral request. <i>The date of the FOR is counted as day 0,</i>	AP may prescribe medicines after documenting or receiving both FOR and SOR, receiving the completed CP compliance form from the CP, and receiving the signed and witnessed WR

***Table dates represent the minimum time periods required; most patients will require ~~three~~ two or more weeks to complete the process.**

Providers' Evaluations:

Both the AP and CP must examine the patient and relevant medical records to certify that the patient meets the eligibility criteria. Since there are many reasons why a patient might request the option of using the DWDA, we suggest that both AP & CP explore the physical, psychological, and spiritual issues leading to a request for DWD and discuss all available end-of-life options as possible alternatives to DWD. Ask about financial and social issues and assess if there is any concern patient is being coerced to request DWD. You may discover symptoms or other conditions that need to be addressed.

Please urge the patient to join a hospice program for optimal basic comfort care. All patients qualified for DWD are also qualified for hospice since the same diagnostic and prognostic criteria are required.

The AP should confirm that the patient is a Washington resident by examining a driver's license, voter registration card, evidence that the patient leases, rents, or owns property in the state, or other appropriate documentation. See [HERE](#) for a complete list of ways that a patient can demonstrate WA residency.

Ask if the patient has completed end-of-life documents such as a POLST (*Provider Orders for Life Sustaining Treatment*) form or an advanced directive. If your patient does not have a POLST, please discuss the potential benefits this form might offer in these circumstances. Note: EOLWA provides free POLST forms and advance directive packets to patients and providers

Evaluate Impaired Judgment:

Either the AP or CP can decide to refer the patient for a psychiatric evaluation if there is any doubt whether *"the patient is able to make and communicate an informed decision to health care providers,"*. The purpose of the psychiatric evaluation to assess if their mental illness is causing an impairment in their medical decision-making capability in regard to their decision to pursue MAID. The evaluation can be performed by any of the following: state licensed psychiatrist (or), psychologist, independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered nurse practitioner. If a psychiatric or psychological exam is performed, the assessing provider must complete a **Psychiatric/Psychologist Consultant Compliance Form** (found [HERE](#)) and provide it to the AP and CP. If the AP or CP would like to have a psychological assessment of a patient, they can contact EOLWA for help finding a provider to do this.

Conditions that may predict potential complicated and/or prolonged MAID deaths:

The American Clinicians Academy for Medical Aid in Dying (ACAMAID) has developed a Red Flags Checklist ([HERE](#)) of conditions which may put a patient at risk for a complicated and/or prolonged AID death. Conditions include gut issues, swallowing concerns, medication-related concerns, and other factors. The AP should review this list and assess if the patient has any of the listed risk factors. If the condition can be modified (such as aggressively treating nausea and constipation), that should be addressed with the patient. It can sometimes be helpful to discuss the issues with the hospice team, so they can help to address modifiable factors. Sometimes an alternative route of administration (i.e. rectal) might be best. The patient and family should be informed about the risk of potential complicated and/or prolonged death.

Cardiac Factors – please see current recommendations from ACAMAID [HERE](#)

1. If a patient has an implanted cardioverter defibrillator, it should be turned off before the patient takes the DWD medications.
2. If the patient has an implanted pacemaker, it is desirable – but not mandatory – to have it turned off.
3. We recommend that you call the patient's hospice physician or cardiologist to have these devices turned off. If you encounter any difficulty, please contact EOLWA for assistance.

The DWDA requires that patients be counseled that:

1. He/she/they may rescind the request for DWD at any time, and for any reason.
2. He/she/they should discuss his/her intentions with close relatives (a recommendation required to be made by the provider, but not required of the patient). **Note:** Our Volunteer Client Advisors (VCA) can help facilitate family meetings about DWDA.
3. He/she/they should take the medication with at least one other person present (EOLWA has trained VCAs who can be present to support the patient and their families).

4. He/she/they should not take the medicines in a public place.

WA Department of Health (DOH) Required Reporting:

Within 30 days after writing the DWDA prescription, the AP must **submit** following forms to the DOH (all found [HERE](#)).

1. The **Attending Provider Compliance Form**
2. The **Consulting Provider's Compliance Form**
3. The patient's completed **Written Request for Medication To End My Life Form**, which must be witnessed by two individuals (see instructions on the front page of the form)
4. If a psychiatric or psychological evaluation was performed, the **Psychiatric/Psychological Consultant's Compliance Form**

Within 30 days of the patient's death, whether from ingestion of MAID meds or due to natural causes, the AP is required to submit the **Attending Provider's After Death Reporting Form** (found [HERE](#)). The VCAs are trained to and responsible for checking in with each patient periodically and if they find that the patient has died, their responsibility is to tell the AP know this information for reporting purposes. If the patient ingests their MAID meds, the VCA will report the necessary information including date of death, time to coma, and time to death to the AP so they can complete the After Death Reporting Form.

The required forms can be submitted electronically via the via the DOH RedCap site (found [HERE](#)), by fax (**360-200-7408**), or by mail (Center for Health Statistics, PO Box 47856, Olympia, WA 98504-7856). The DOH prefers that the required forms are submitted electronically or by fax, and that the information is typed rather than written, to ensure legibility.

The dispensing pharmacy will submit a form to the DOH once they have dispensed the MAID prescription. If the DOH receives this form without having received the other required forms from an AP, they will contact the AP and ask for the forms to be submitted.

Medical Record Documentation Required:

The AP must document patient requests and the elements of an informed decision in the patient's chart. Sometimes other providers may have recorded the patient's first oral request for DWD (starting the clock of the 7-day waiting period); the AP should obtain a copy of such a request. Having copies of the first oral request (if documented elsewhere), DOH compliance forms, and the DOH **Written Request for Medication To End My Life Form** in your records will serve to document important process elements:

1. Diagnosis and prognosis.
2. Potential risks associated with taking the medication [for example vomiting after ingestion, prolonged death (use red flags checklist to assess), or the risk of the medications not resulting in death - <0.1%]
3. The expected result of taking the medication (death).
4. Feasible end-of-life alternatives, which may include comfort care, hospice, voluntarily stopping eating and drinking, aggressive pain and/or symptom control, and palliative sedation.
5. Right to rescind

The AP May Prescribe the Medication if All of the Following Requirements Are Met:

1. You have received the completed **Consulting Provider's Compliance Form**, or you have assurance from the CP that you will receive it that same day.
2. If either you or the CP requested one, you have the **Psychiatric/Psychologist Consultant Compliance Form**.
3. You have received the patient's completed **Written Request for Medication To End My Life Form**.
4. You have received and documented the *second oral request*, at least 7 days after the first oral request.
5. You have had and documented an informed consent discussion regarding the choice of MAID and reminded the patient that they may always rescind the request for DWD.

Obtaining the Medication:

1. Contact EOLWA for the name of the participating compounding pharmacy that will be closest to/most convenient for the patient.
2. The current recommended MAID medication prescription can be found on the American Clinician's Academy of Medical Aid in Dying website (<https://www.acamaid.org/pharmacologyinupdates/>).
3. The AP can submit the prescription to the pharmacy electronically, by fax, by mail, or in person.
4. The MAID prescription can be picked up in person by the patient or a designated person, or the pharmacy can send the prescription by delivery, messenger service or courier service (ex. USPS, UPS, FEDEX, etc.). If delivered by courier service, the addressee or authorized person must sign for receipt confirmation. Any prescription sent by mail should be insured as part of the mailing process to have better tracking of the package.

Overview of the typical day of ingestion:

1. The patient takes the antiemetic/promotility premeds 30-60 min before planned time to ingest the lethal meds.
2. The lethal meds are mixed with 2 oz of clear liquid and self-ingested orally, rectally, or via a GI tube.
3. Expected time to sleep is 3-15 minutes
4. Expected time to death is variable – ~80% of deaths occur within 2 hours, 96% of deaths occur within 4 hours, and only a small number (<5%) take longer than 4 hours to die. Usually those longer deaths are due to factors that cause impaired absorption of the meds (red flags checklist).

Should the AP or CP be Present at the Time of Death?

Your patient may request your presence at the time she or he ingests the medication. Although it is not mandatory, EOLWA encourages the patient to express such wishes and providers to consider such requests. The DWDA provides legal immunity from prosecution, civil liability, and professional discipline for care providers acting in good faith, including providers present at a patient's death.

EOLWA offers a trained VCA to meet with, advise, and help clients pursue DWD in accordance with the law. We also provide advice and practical/ personal support to clients elsewhere in WA when possible. Having a VCA present at the time of death is strongly recommended. The VCA present will collect data the AP needs for the DOH **Attending Provider's After Death Reporting Form**.

If your patient is not already a client of EOLWA, we strongly encourage you to refer them to us.

Even if you are not present for your patient's death, please speak with your patient about the importance of keeping you informed about the plan to take the medication. If no provider completes the death certificate within 48 hours of death, the case may be referred to the coroner or medical examiner for investigation. An investigation might jeopardize the patient's confidentiality and distress his or her loved ones.

After the Patient Dies:

Family, friends, or the Volunteer Client Advisor will need to notify hospice of the death. If the patient is not in hospice, attending providers should be on hand to obtain from medical examiner or coroner's office a No Jurisdiction Assumed (NJA) number to authorize the local funeral home to pick up the body. EOLWA suggests mentioning that the patient used the DWDA.

Death Certificate

Per the WA DWDA:

1. Under "Immediate Cause of Death," insert the patient's underlying terminal illness (item 34 on the Death Certificate).
2. The "manner of death" is natural (item 38 on the Death Certificate). If you report Death with Dignity Act, barbiturate overdose, name the medications prescribed, or describe the death as a "suicide" or "assisted suicide," the form will be returned to you to be completed properly.

Typically, death certificates are completed by the patient's hospice physician or the patient's PCP.

For more information:

End of Life Washington: www.EndofLifeWA.org, info@EndofLifeWA.org, 206.256.1636 or 877.222.2816 toll-free.

Washington Department of Health resources on Death with Dignity: www.doh.wa.gov/dwda, or the DOH website for all updated forms and submission links: <https://redcap.doh.wa.gov/surveys/?s=ACH9974TND884F7N>.