

Death with Dignity Act – OMC Position

Note: Printed copies are for reference only. Please refer to SharePoint for the latest version.

PURPOSE

To recognize the Washington State Death with Dignity Act, (RCW 70.725/WAC 246-978), and the Board of Commissioners Resolution No. 428 regarding this Act. These efforts are intended to guide staff in assisting patients who are seeking information on the Washington State Death with Dignity Act.

POLICY

OMC recognizes and respects the right of any health care provider to counsel patients on their options and to participate, if they so choose, in activities under the Washington State Death with Dignity Act. OMC also recognizes and respects the right of any health care provider to decline to participate in activities specific to the Act.

The OMC position is that its acute care hospital and its clinics are not the appropriate setting for patients who are at the stage of taking life-ending medications.

In accordance with Resolution No. 428, the final actions ending a patient's life, under the specifications of this Death with Dignity Act, shall not occur on or within the premises of the hospital or in clinics operated by the District. Not permitted on the District's premises is the patient's self-administration of the lethal medication. Also, the medication for this purpose will not be dispensed from the hospital pharmacy.

PROCEDURE

Patients who ask about the Death with Dignity Act will be given the Washington State Department of Health handout titled: Frequently Asked Questions - Death with Dignity Act.

Patients will be directed to talk with their primary care physician about various options for care at the time of terminal illness. These may include treatment options, palliative care measures, and advance directives. Should the patient request support for Death with Dignity process and the primary care provider is unable to provide this, the patient will be referred to a provider or agency that can provide such support.

In the course of diagnosis and treatment attending physicians may:

- provide information for informed consent decision-making;
- assess the patient's medical decision-making competency;
- refer the patient to a consulting physician for prognosis and competency evaluation;
- refer the patient for psychiatric consult, if deemed appropriate;

- listen to a patient's initial oral request for participation in the Death with Dignity Act process, which may include a request for lethal medication;
- advise the patient that they may rescind the request at any time;
- advise the patient that they would want someone with them;
- advise the patient to discuss this with their their next of kin.

These are all verbal components in a discussion between a physician and their patient that may occur with respect to end of life care. These discussions would be documented in the patient's medical record.

If an Olympic Medical Center employed or contracted physician chooses to work with a patient in these efforts, then the physician is required to complete all mandated forms per state regulations, as appropriate. (Found at: <http://www.doh.wa.gov/dwda>)

APPROVED BY:

Eric Lewis
Administrator

Reviewed and revised: D. Davison 6/09, 5/12, 9/14, 11/15