



Columbia County Health System		
Administration & Medical Staff		Ref. No.: 1216
Effective Date: 01/15/2024		Subject
Approval: Gretchen Eslick (RN, DNS), Lewis Neace (DO, Chief of Staff), Shane McGuire (CEO), Stephanie Carpenter (RN, COO)		<i>Death with Dignity Act</i>
		<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol

PURPOSE:

To provide guidance to Columbia County Health System (CCHS) employed and contracted providers regarding the Death with Dignity (DWD) Act in Accordance with SB 5179 (Laws of 2023) and RCW 70.245

POLICY:

1. Washington law recognizes the rights and responsibilities of qualified patients and health care providers under the DWD ('Act'). Under Washington's law, a health care provider, including providers working at (CCHS) can assist a qualified patient (resident of WA State, greater than 18 years of age and with a documented terminal condition and/or prognosis of 6 months or less of life expectancy, and mentally competent to make an informed medical decision) in the processes and provisions outlined in the law ending that patient's life.
2. CCHS providers can participate under the DWD Act if they choose. This means that in the performance of their duties, CCHS employed and contracted providers can assist (Facilitating a patients desire to participate in the provisions outlined in the law) a patient in pharmacologically ending a patient's life under the Act in the patients' home. In addition, the provider may participate on the property owned and operated by the hospital.
3. No patient will be denied other medical care or treatment because of the patient's participation under the Act. The patient will be treated in the same manner as all other CCHS patients. The appropriate standard of care will be followed.
4. All providers at CCHS are expected to respond to any patient's query about life-ending medication with openness and compassion. CCHS believes our providers have an obligation to openly discuss the patient's concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to



learn the meaning behind the patient's questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, CCHS's goal is to help patients make informed decisions about end-of-life care.

PROCEDURE:

Refer to: Death with Dignity Checklist-End of Life Washington.

1. The patient must make two verbal (oral) requests (referred to as the first oral request [FOR] and second oral request [SOR]) which must be documented in their medical record at least 7 days apart.
2. Two independent, qualified providers (Attending Provider AP and Consulting Provider CP) must certify that a patient meets all the above eligibility criteria, and each must inform the patient of the right to rescind the request.
3. If there is concern from either the AP or CP about the patient's decision-making capacity, especially regarding underlying mental health issues, either provider can request a psychiatric/psychological consultation. The psychiatric provider will assess the patient and then complete the Psychiatric/Psychological Provider Compliance Form.
4. After the patient is evaluated by the AP at least once (includes virtual/telemedicine visits), the patient must initial, sign, and date the Written Request to End my Life in a Humane and Dignified Manner (aka WR) form. They also must have the form witnessed, initialed, signed, and dated by two witnesses who attest to their belief that the patient is competent, acting voluntarily, and not being coerced to sign the request. This form should then be sent to the AP.
5. Once all the elements described above have been completed, the AP can then write and send (via fax, electronic submission, mail, or hand delivery) the Medical Aid in Dying (MAID) prescription to a participating pharmacy.
 - a. The written prescription is usually held at the pharmacy until the patient notifies them that they are within a few days from wanting to ingest the meds, and then the medicine mixture will be compounded by the pharmacy.
 - b. The written prescription is valid for 6 months. After 6 months, a new prescription with an updated date will need to be re-sent.
 - c. Once the MAID medication cocktail is compounded, expert pharmacists recommend a 6-month shelf life.



6. Within 30 days of sending the MAID prescription to the pharmacy, the AP must complete the AP Compliance form (found [HERE](#)), and is responsible for submitting (via electronic portal, fax to 360-200-7408, or mail- see first page of form for address) the following completed forms to the DOH: AP compliance form, CP compliance form, WR signed by patient and initialed/signed by witnesses, and the psychiatric assessment form if applicable.
7. Within 30 days of death by any cause, the AP is responsible to submit (electronically, by fax, or by mail) the AP After-Death Reporting form to the DOH.
8. For more information or connection with an End of Life WA volunteer, all forms needed and counseling and tips, see [Death with Dignity Checklist - End of Life Washington](#).
9. Participating providers will be responsible for all forms and procedure above as well as:
 - a. Informing the patient's attending provider within one working day that the patient wishes to take life-ending medications.
 - b. Ensuring that the medical record is complete, and all required documentation is included. A copy of the Do Not Resuscitate (DNR) order, copies of advance directives, and Physician Order for Life Sustaining Treatment (POLST) form, if such documents are in the medical record, are to be included.
 - c. Communicating with other clinicians involved with the patient to ensure continuity of care.
 - d. Documenting all communication in the patient's medical record.
10. In the event a patient decides to participate in the DWD Act, the provider will notify the county coroner of the patient's choice to participate in the DWD Act.

PUBLIC NOTICE.

CCHS will provide public notice of this policy in the following ways: posting the policy information about the hospital's stance on the Death with Dignity Act on the hospital's web page; DOH website, information in hospital materials regarding advance directives; and including information in patient right's document.



RESOURCES:

RCW: 70.245

<https://apps.leg.wa.gov/rcw/default.aspx?cite=70.245&full=true>

[Death with Dignity Checklist - End of Life Washington](#)

Hospital End of Life Services

In accordance with SB 5179 (Laws of 2023), the purpose of this form is to provide the public with information about which end-of-life services are and are not generally available at each hospital.

Please contact the hospital directly if you have questions about services that are available.

Hospital name: Columbia County Public Hospital District #1 (Dayton General Hospital)

Physical address: 1012 S. 3rd Street

City: Dayton

State: WA

ZIP Code: 99328

Hospital contact: Shane McGuire, CEO

Contact phone #: 509-382-2531

An acute care hospital may not be the appropriate setting for all end-of-life services listed below.

Some end-of-life services are most appropriately available through hospice care centers, hospice agency services, or outpatient settings, depending on the specific patient circumstances.

The following end-of-life services are generally available at the above listed hospital:

Death with Dignity (DWD) Services

Participates in death with dignity *

*Pursuant to the DWD Act, RCW 70.245.190, individual providers and facilities may choose whether or not to participate in the DWD Act.

Provides death with dignity educational materials

If hospital does not participate in the Death with Dignity Act, providers at the hospital may:

- Make an initial determination that a patient has a terminal disease and provide the patient information about the medical prognosis
- Provide information about the DWD Act to a patient upon request, including information about what relevant resources are available and how to access them.
- Chart a patient's first written request for medication that the patient may self-administer to end their life in a humane and dignified manner per the DWD Act.
- Provide a patient with a referral to another attending or consulting qualified medical provider.

End-of-Life and Palliative Care Services

- Provides end-of-life educational materials
- Provides an evaluation of treatment options

- Provides hospice care
- Provides palliative care
- Provides spiritual care
- Provides referrals and resources on community resources and education on palliative care
- Provides consultation about pain and symptom management
- Honors Physician Order for Life-Sustaining Treatment forms

Advance Care Planning

- Has written policies and procedures on advanced care planning and advance directives
- Offers information and support for advance care planning including written information on the patient's right to make decisions concerning medical care, the right to accept or refuse medical or surgical treatment, the right to formulate advance directives, and the hospital's policies respecting the implementation of such rights.
- Asks every patient about advance care planning and documents whether or not a patient has an advance directive
- Assists patients with advance care planning

Additional comments on next page

Signed by:


SHANE MCGUIRE (Dec 26, 2023 16:43 PST)

Dec 26, 2023

Date (mm/dd/yyyy)