

Introduction:

End of Life Washington – formerly Compassion & Choices of Washington – *a new name for an old organization...Hemlock Society of WA...Compassion in Dying...End of Life Choices*) – non profit organization v. Compassion & Choices National

- **We provide** [free end-of-life counseling and client support services](#) statewide to qualified patients who desire a peaceful, humane death.
- **We encourage** advance planning and set a new standard in Washington for advance planning documents with our [End of Life Washington Advance Directive](#).
- **We promote** the use of [Physician Orders for Life-Sustaining Treatment](#) (POLST) for those with serious illnesses. We provide these and many other documents at no cost.
- **We created** and played a key role in leading the coalition that passed [Initiative 1000 \(the Washington Death with Dignity Act\)](#) into law in November, 2008 with nearly 60 percent of the popular vote. We now steward, protect, and uphold [the law](#).
- **While we** believe meaningful reform must include legalization of aid in dying for qualified, terminally ill adults, we do not suggest, encourage, or promote suicide or euthanasia. We do advocate for better pain management, patient-directed end-of-life care, and expanded choice for the terminally ill.

There is never a fee for our services.

Advance Directives for Healthcare:

- An important document stating what you do and do not wish to experience **should you become incapacitated**.
- EOLWAs documents:
 - Advance Directive for Health Care: Living Will + DPOA
 - AD for dementia & Alzheimer's

- My Instructions for Oral Feeding and Drinking
- Most important aspect = a reliable and trustworthy **Health Care Agent**/surrogate = the person who will speak for you when you cannot speak for yourself.
 - Will do what YOU want
 - Is readily available
 - Can stand up to family members and medical providers to represent your wishes
- **YOUR AD IS ONLY AS GOOD AS THE CONVERSATION IT SPAWNS**
 - Share your EOL wishes with ALL your family members
 - One disagreeing member can trump the AD
 - Use peer pressure
- EOLWA hosts AD seminars all over our state...check our website for one near you...

POLST (Physician Orders for Life-Sustaining Treatment) = ANOTHER IMPORTANT DOCUMENT for seriously ill or particularly elderly people

- Must be signed by you and your MD
- Displayed somewhere obvious in your apt/ refrig
- Somewhere where the EMTs will see it should they arrive at your apt.
- Takes effect with EMTs at your home, in the ambulance & the emergency room
 - Once in the hospital, your AD takes precedence
 - Neither a POLST nor an AD are in effect when you're in surgery

WHAT ARE YOUR EOL CHOICES...as you consider a terminal illness/situation?

- Not to choose = a choice...and that choice is full treatment
- Palliative care in conjunction with full Rx or as pt. transitions from full Rx to hospice
- Hospice = a philosophy rather than a place
 - Dr.'s order

- Usually takes place at home (Klein Galland/Evergreen Wochner Center)
- Team approach: your MD/hospice MD/RN/Home health aides, MSW, Chaplain, Trained vols, comfort care: massage, music, pet therapy, etc.etc.
- Extensive pain & symptom control
- Tangible support: hospital beds, wheel chairs, commodes, walkers, etc.
- Goal = to make today the best day possible for you.
- Paid for by Medicare
- 13 month bereavement support after death for family.

- Sad truth: people receive hospice care too late.
 - Equate it with DEATH
 - MD hesitant to mention it – for fear of dashing hope
 - Statistics show that folks on hospice live longer than those not on hospice with a similar prognosis!
 - You can graduate from hospice!
 - Wise for you as the pt. to bring it up to your MD

- Stop treatment (ex. Chemo / Radiation)

- Refuse treatment (ex. Dialysis/insulin)

- VSED(10 days – 3 weeks; comfort care support from MD /hospice –morphine for thirst)

- Palliative sedation (usually requires hospitalization)

- DWD for those who qualify and want to pursue this right

Death with Dignity Act Requirements:

The Death with Dignity Act (DWDA) allows terminally ill Washington residents to obtain and use prescriptions from their physicians for self-administered, life-ending medications. Under the Act, ending one's life in accordance with the law does not constitute suicide. The DWDA specifically prohibits euthanasia, where a physician or other person directly administers a medication to end another's life.

To request a prescription for life-ending medications, the DWDA requires that a patient must be:

- An adult (18 years of age or older),
- A resident of Washington (residency is relatively easy to obtain: rent/voter application; driver's license, "intention" to live out one's life in WA. State)
- Capable / mentally competent of making an informed decision (defined as able to make and communicate health care decisions) (No one can make the request other than the pt.)
- Diagnosed with a terminal illness that will lead to death within six months.
- Must be able to self-administer/ingest the life-ending medication (swallow or inject in feeding tube.)

Patients meeting these requirements are eligible to request a prescription for life-ending medication from a licensed Washington physician. To receive a prescription for life-ending medication, the following steps must be fulfilled:

- The patient must make two oral requests to his or her physician, separated by at least 15 days.
- The patient must provide a written request to his or her physician, signed in the presence of two witnesses.
 - 48 hr. period between written request & Rx written
 - Rx faxed, mailed or hand-delivered by MD
 - Pt never has prescription
- The prescribing physician and a consulting physician must confirm the diagnosis and prognosis.

- The prescribing physician and a consulting physician must determine whether the patient is capable/mentally competent to make an informed decision.
- If either physician believes the patient's judgment is impaired by a psychiatric or psychological disorder, the patient must be referred for a psychological examination.
- The prescribing physician must inform the patient of feasible alternatives to DWDA, including comfort care, hospice care, and pain control.
- The prescribing physician must request, but may not require, the patient to notify his or her next-of-kin of the prescription request.
 - recommend informing family
 - advise not to take alone/public place
 - remind pt. he/she can rescind at any time

To comply with the law, physicians must report to the Department of Human Services (DHS) all prescriptions for life-ending medications. Reporting is not required if patients begin the request process but never receive a prescription.

Physicians and patients who adhere to the requirements of the Act are protected from criminal prosecution, and the choice of DWDA cannot affect the status of a patient's health or life insurance policies.

- Cause of Death on Death Cert: underlying disease

Physicians, pharmacists, and health care systems are under no obligation to participate in the DWDA.

- Opt-in process: all providers can choose whether to participate (MD, hospital, NH, pharmacy, adult home)
 - All facilities must have written policy available to pts/residents
 - If facility does not participate, cannot control what MDs do off premises/off clock

The Washington Statutes specify that action taken in accordance with the DWDA does not constitute suicide, mercy killing or homicide under the law.

- **Language matters!** DWD is not physician-assisted suicide!
- Assisted suicide = against the law in WA and the entire US
- Physician Aide in Dying = DWDA
- Coercion / misapplication = a Class A felony
- No identifying info is ever released to protect pt and family
- 1/3 of pt. who get prescription follow through
- Law is working as expected: rarely and cautiously used
 - 2/1,000 deaths in WA

Procedure after pt receives prescription:

- Recommended, but not required, that pt. contact EOLWA for VCA (Volunteer Client Advisor) support
- Pt. fasts 5 hours
- Pt. takes anti-nausea med. & anti-anxiety meds – waits 45 minutes – hour
- VCA prepares life-ending meds. for pt: opens capsules into 1 oz. alcohol
- Pt. self-administers / ingests meds. (bitter taste)
- Asleep in 1-4 minutes
- Comatose 5 -15 minutes
- death occurs in normal range: 10m – 1 hr (some outliers)

The Dept. of Health keeps annual records of DWD: See <https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct/DeathwithDignityData>

CONCLUSION:

- Difficult topic: many deeply held beliefs
- Many ways to die with dignity
- Important to have options:

- Palliative care
- Pt can endure much more pain if it is by choice
- Not a choice between life and death, but a choice between one kind of death and another kind of death
- For those who can no longer choose life, DWD offers one more option

Q & A