

Policy Number:	861-7033
Title:	Death with Dignity Act/ Initiative 1000
System:	Healthcare
Department:	Administration
Process Owner:	Medical Staff
Effective Date:	5/14/2009
Related Policies & Forms:	

PURPOSE:

Initiative 1000, which allows terminally ill adults to request and self-administer lethal medications prescribed by a physician, became law March 4, 2009. This policy articulates Garfield County Hospital District's approach to complying with the law and assuring proper end of life care is afforded to individuals who seek care under the provisions of Initiative 1000.

POLICY:

Death with Dignity Act/ Initiative 1000 – Garfield County Hospital District and its providers will not participate on hospital premises but may independently prescribe and refer patients to participating providers.

1. Washington law recognizes certain rights and responsibilities of qualified patients and health care providers under the Death with Dignity Act ("Act"). Under Washington law, a health care provider, including Garfield County Public Hospital District No. 1 (GCHD) is not required to assist a qualified patient in ending that patient's life.
2. GCHD has chosen to not participate under the Death with Dignity Act. This means that in the performance of their duties, GCHD physicians, employees, independent contractors and volunteers shall not assist a patient in ending the patient's life under the Act but may make an appropriate referral to a participating provider. In addition, no provider may participate on the premises of the hospital or in property owned by the hospital. However, in the course of practicing independently outside of the District practitioners may prescribe and refer patients to other participating providers.
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 GCHD patients. The appropriate standard of care will be followed.
4. Any patient wishing to receive life-ending medication while a patient at this hospital will be assisted in transfer to another facility of the patient's choice. The transfer will assure continuity of care.
5. All providers at GCHD are expected to respond to any patient's query about life-ending medication with openness and compassion. GCHD 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, GCHD's goal is to help patients make informed decisions about end-of-life care.

PROCEDURE

1. All patients will be provided with educational materials about end-of-life options. These materials will include a statement that GCHD does not participate in the Act.
2. If, as a result of learning of GCHD's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, GCHD staff will assist in making arrangements for the transfer. If the patient wishes to remain at GCHD, staff will discuss what end of life care will be provided consistent with hospital policy.
3. If a patient requests a referral to a physician who will fully participate under the Act or expresses the desire to take medication that will result in the patient's death, the provider may choose to provide the patient with a referral, or may instruct the patient that he or she must find a participating provider on his or her own. The relevant medical records will be transferred to the physician taking over the patient's care. The patient's primary clinical care giver (nurse or social worker) will be responsible for:
 - a. Informing the patient's attending physician as soon as possible, and no longer than 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 Resuscitation Status (DNR) order, copies of advance directives, and POLST form 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.
4. Nothing in this policy prevents a physician or provider from making an initial determination that the patient has a terminal disease and informing the patient of the medical prognosis.
5. Nothing in this policy prevents a physician or provider from providing information about the "Washington State Death with Dignity Act" to a patient when the patient requests information.
6. Nothing in this policy prohibits a physician who is employed by or who is an independent contractor of GCHD from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of GCHD.

SANCTIONS

If a provider participates in the Act beyond what is allowed in the policy, GCHD may impose sanctions on that provider. GCHD shall follow due process procedures provided for in the medical staff bylaws.

Sanctions may include:

- Loss of medical staff privileges;
- Loss of membership;
- Restriction from provider panel;
- Termination of lease or other property contract
- Termination of contracts;

PUBLIC NOTICE

GCHD will provide public notice of this policy in the following ways: posting the policy or information about the hospital's stance on the Death with Dignity Act on the hospital's web page; informing local media; including information in the hospital's community newsletters; including information in hospital materials regarding advance directives; and including information in patient's rights handbooks.

RESOURCES

Any patient, employee, independent contractor, volunteer or physician may contact the Provider, Nursing or Social Services Department for assistance.

Laws/Regulations:

Initiative 1000/Washington Death with Dignity Act

Washington State Department of Health Regulations Chapter 246-978 WAC