

Horizon Hospice & Palliative Care

Death with dignity	Policy Number 117 Page 1 of 3
NHPCO Standard(s): Statement on Medical Aid in Dying (06/16/2021) Regulatory Citation(s): WAC 246-978, RCW 70.245	original 4/09; revised 10/10, 4/18, 3/21, 9/23 word/policies

PURPOSE:

Horizon Hospice & Palliative Care opposes physician-assisted death as a societal option to alleviate suffering, and fully utilizes immunities afforded under The Washington Death with Dignity Act Section .190 and communicates its opposition to patients, families, medical staff, employees, and others. This policy applies to patients, family members, significant others, employees, independent health care practitioners, contracted providers, and others who utilize the programs and services of HHPC.

POLICY

1. It is the policy of Horizon Hospice & Palliative Care that it shall not offer, facilitate, participate in or provide an act that, directly or indirectly, leads to any person participating in the process of providing or facilitating a person requesting medication to end his or her life in a manner as contemplated under The Washington Death with Dignity Act including, without limitation:
 - a. No participation in the process of providing or securing an “informed decision” as defined by section .010(7).
 - b. Not providing any medication with the specific purpose of ending a human life as contemplated by The Washington Death with Dignity Act.
2. Horizon Hospice & Palliative Care reasserts its commitment to provide full and appropriate support for dying persons and their families through the final stages of life including, without limitation:
 - a. Fully providing and supporting patient self-determination through the use of advance directives;
 - b. Offering hospice and other supportive care to patients and families;
 - c. Effective pain and symptom management; and
 - d. A full range of other social, spiritual, and pastoral support and services.

PROCEDURE

1. Responsible Parties
 - a. Patients, families, and physicians are encouraged to fully explore and discuss care and treatment options for terminally ill patients. As part of that discussion, Horizon Hospice & Palliative Care recognizes that requests for Death with Dignity may occur within the context of the healthcare provider-patient relationship.

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- b. Horizon Hospice & Palliative Care respects the rights of patients and physicians to discuss and explore treatment options and an individual's right to exercise autonomy as is legal in their community, but fully expects that patients and physicians respect and adhere to HHPC's position as set forth in this policy while undergoing and providing treatment in its services.
 - c. Horizon Hospice & Palliative Care's policy is based on its fundamental values of respect for the sacredness of life, compassionate care of dying and vulnerable persons, and respect for the integrity of the medical, nursing and allied health professions. As palliative care intends to neither hasten nor postpone death, use of the Death with Dignity Act is not a palliative intervention.
2. Specific Physician/Nursing/Ancillary Staff Responsibilities
 - a. During the admission process it is the responsibility of the Admitting Staff to give the patient information about advanced directives and the patient's rights under Washington State Law to refuse treatment.
 - b. When a patient expresses a wish for the Death with Dignity Act, contact information for End of Life Washington and/or Death with Dignity on the DOH website is provided to patient, and the IDG including the medical director is notified. An interdisciplinary team approach should be utilized to identify the factors contributing to the patient's desire to utilize the Death with Dignity Act.
 - c. The medical director reviews the patient's medical status. RN and/or MSW will inform the patient of HHPC's policy on Death with Dignity and the immunities afforded under The Washington Death with Dignity Act section .190 and discusses alternatives with the patient.
 - d. Nursing and appropriate ancillary staff (e.g., Pastoral Care, Social Services,) provides the patient with effective pain and symptom management and offers emotional and spiritual support, as needed. Emotional and spiritual support is provided to family members/significant others, as well.
 - e. If a patient asks HHPC staff to be present when utilizing the medical aid in dying medications, the request should be denied by the staff member. If the staff member wishes to be resent, special arrangements must be made for the staff member to be off duty from HHPC.
 - f. If a patient is in the process of taking a lethal dose of medication and is still alive when staff arrives, the staff may provide professional services that do not assist in death.
 - g. If the patient has a do not resuscitate order it is appropriate to provide supportive care only.
 - h. If it is unclear whether the patient is attempting medical aid in dying, in accordance with the Washington Death with Dignity Act, the staff contacts their immediate supervisor and/or the medical director and develop a plan of care appropriate to the immediate situation.
 - i. If upon arriving at the home the patient has died, follow all professional services regarding death of a patient.
3. Documentation

The Hospice Nurse and MSW documents a summary of the discussion with the patient regarding the request for medical aid in dying in accordance with the Washington Death with Dignity Act, in the medical record. The summary includes the following items:

- a. The patient's current medical and psychosocial status;
 - b. The patient's ability to comprehend medical aid in dying as related to his or her medical and psychosocial status;
 - c. A summary of HHPC's policy regarding Death with Dignity;
 - d. Disclosure of alternative treatments and/or pain and symptom management; and
 - e. The patient's decision following discussion.
4. Disciplinary Measures

Appropriate disciplinary measures shall be instituted for employees and volunteers who willfully violate the provisions of this policy. Disciplinary actions shall be consistent with the provisions of The Washington Death with Dignity Act Section .190 in that disciplinary action shall not be imposed for carrying out medical aid in dying, but rather for willfully violating this policy.