

DEATH WITH DIGNITY PROGRAM
FREQUENTLY ASKED QUESTIONS

The District of Columbia passed the “Death with Dignity Act of 2016” (DC Law 21-182). The Death with Dignity Act provides for District of Columbia residents, qualified with a terminal disease, to die in a humane and peaceful manner through the voluntary use of prescribed medications.

The below questions and answers contain broad information about the District’s Death with Dignity Act. Please refer to the DC Code and DC regulations for more specific information.

1. What is the Death with Dignity Act?

A: The Death with Dignity Act of 2016 establishes a process by which competent, terminally ill residents of the District can legally obtain a physician’s prescription for medications to end their lives in a humane and peaceful manner.

2. Who can request medication under this Law?

A: A terminally-ill patient who is a resident of the District of Columbia, is at least eighteen (18) years or older, is under the care of a physician and is expected to live for no more than six (6) months.

Further, the patient cannot be suffering from impaired judgment as a result of depression or a psychiatric or psychological condition and must be capable of making the decision, expressing an intent to take a medication that will cause death, and must be physically capable of taking the medication.

3. How does a patient demonstrate residency?

A: A patient must provide adequate documentation to the treating physician to verify that he or she is a current resident of the District. Factors demonstrating residency include, but are not limited to:

- a. A utility bill or computer printout (water, gas, electric, oil or cable), with name and address, issued within the last sixty (60) days (disconnect notices are not acceptable);
- b. A telephone bill or computer printout (cell phone, wireless, or pager bills acceptable), reflecting patient’s name and current address, issued within the last sixty (60) days (disconnect notices not accepted);
- c. A deed, mortgage, or settlement agreement reflecting the patient’s name and property address;
- d. An unexpired lease or rental agreement with the name of the patient listed as the lessee, permitted resident, or renter (may be a photocopy). The unexpired lease or rental agreement shall be signed by all parties;
- e. A District property tax bill or tax assessment issued within the last twelve (12) months reflecting the patient’s name and property address;
- f. An unexpired homeowner’s or renter’s insurance policy reflecting the patient’s name and address;
- g. A letter with picture from the Court Services and Offender Supervision Agency or DC Department of Corrections certifying the patient’s name and District residency issued within the last sixty (60) days;
- h. A Department of Motor Vehicles proof of residency form signed by the certifier residing at the residence and a copy of the certifier’s unexpired DC Driver license or DC identification card;

- i. A bank, credit union, credit card, or investment account statement issued within the last sixty (60) days reflecting the patient's name and address;
- j. A piece of official mail – received from any government agency (with the patient's full name and address) to include contents and envelope received within the last sixty (60) days;
- k. A form from a social service provider that includes the patient's name and address;
- l. A medical bill issued within the last sixty (60) days reflecting the patient's name and address;
- m. A student loan statement issued within the last sixty (60) days reflecting the patient's name and address;
- n. A home line of equity statement issued within the last sixty (60) days reflecting the patient's name and address;
- o. A car or personal loan statement (no coupon books/vouchers accepted) issued within the last sixty (60) days reflecting the patient's name and address; or
- p. A home security system bill issued within the last sixty (60) days reflecting the patient's name and address

Ultimately, it is up to the attending physician to determine whether or not the patient has adequately established residency.

4. Does a patient need to make an oral request for medication?

A: Yes. The patient must make an initial oral request, a written request, and then a second oral request. Furthermore, the second oral request cannot be made any sooner than fifteen (15) days after the first oral request.

For purposes of the Death with Dignity Act, oral requests can be made in person, through sign language, over the telephone, or through an electronic speech generation device, or, if the person cannot speak, use sign language, or communicate over the phone, he or she may write his or her wishes in the presence of the attending physician.

5. How can a patient make a written request for medication under this Act?

A: The written request must be made **after** seeing the treating physician, and between the oral requests, on the DC Department of Health ("DOH") approved form. The DOH approved forms can be found online at <https://doh.dc.gov/publication/death-dignity-forms>. Furthermore, there must be two (2) witnesses to the written request.

6. Can my treating doctor be a witness to the written request?

A: No. The treating physician who will prescribe or dispense the medication causing death cannot be one of the required witnesses.

7. Can a family member be a witness to the written request?

A: Yes. A family member can be one (1) of a patient's two (2) required witnesses.

8. Who is considered a family member for purposes of being a witness?

A: A family member is a relative by blood, marriage, or adoption.

9. Can a recipient of my estate be a witness to the written request?

A: Yes. A recipient of your estate can be one (1) of your two (2) required witnesses.

10. I am currently residing in a nursing home; does this affect who can be a witness to the written request?

A: Yes. If you are in a nursing home, community residence facility, or assisted living facility, then the second witness must be a person designated by the facility. The designated person cannot be an owner, operator, or employee of the facility.

11. Who can write a prescription for the end of life medication?

A: A physician who has primary responsibility for the treatment and care of the patient, who is licensed in the District of Columbia, and has the proper licensure and registration to prescribe this type of medication.

12. Can a patient withdraw the request for medication under this Act?

A: Yes. The patient can change his or her mind regarding the use of end of life medication at any time during this process. If the patient changes his or her mind, the treating physician should be notified.

13. How will the end of life medication be dispensed to the patient?

A: The end of life medication will be dispensed in one of two ways: directly to the patient by his or her treating physician; or the patient, or a person designated by the patient and communicated verbally or in writing to the pharmacist, can pick up the end of life medication from a pharmacy.

14. Where can the patient take the end of life medication?

A: The patient does not have to take the medication in a hospital or other health care facility. The medication can be taken in the patient's home or any other location where the patient has permission to take the end of life medication. However, the patient cannot take the end of life medication in a public place. The patient's estate will be responsible for any costs incurred by the District associated with taking the end of life medication in a public location.

15. What are the reporting responsibilities of the treating physician under this Law?

A: The treating physician is responsible for notifying the Department of Health on three (3) separate occasions. First, if the treating physician dispenses the drug to the patient, he or she must immediately notify DOH that the drug has been dispensed. Second, within thirty (30) days after the dispensing of a covered medication, the treating doctor must file a copy of the required patient information on the government provided form with the Department of Health. Third, within thirty (30) days after a patient takes a covered medication, or as soon as reasonable after the treating physician is made aware of a patient's death resulting from ingesting the covered medication, the treating physician must notify the Department of Health of the patient's death.

16. What are the reporting responsibilities of the pharmacist under this Law?

A: The pharmacist is responsible for notifying the Department of Health and the attending physician on at least two (2) separate occasions. First, upon the dispensing of the covered medication by the pharmacy, the pharmacist must immediately notify DOH, on the approved form, that the end of life medication has been dispensed. The pharmacist must also immediately notify the attending physician.

17. What are the responsibilities of the Department of Health?

A: The Department of Health will regulate and oversee the Death with Dignity process. The Department's primary responsibilities include providing educational resources on how the Death with Dignity process works, clarifying the requirements that must be followed by both physicians and patients.

18. Can someone use my request to participate in the Death with Dignity process to have me deemed incompetent?

A: No. A request for end of life medication cannot be used as a basis for the appointment of a guardian or conservator.

19. What will be listed on my death certificate if I take the end of life medication?

A: If you take the end of life medication, the cause of death listed on your death certificate will identify the underlying medical condition leading to your death, and will not include information about your use of end of life medication.

20. Is the Death with Dignity program mercy killing or lethal injection?

A: No. The Death with Dignity program does not authorize anyone to end your life by lethal injection, mercy killing, active euthanasia, or any other method or medication that is not allowed by the program.

21. Does a physician or pharmacist have to participate in the Death with Dignity program?

A: No. Participation is a voluntary choice, and medical providers do not have to provide prescriptions or medications to patients.

22. Are there any protections for health care providers who do participate in the Death with Dignity program?

A: **Yes.** No person shall be subject to civil or criminal liability under District of Columbia law or professional disciplinary action for participating in good faith compliance with the Death with Dignity Act, or refusing to participate in providing the end of life medication, or being present when a patient takes the end of life medication. However, physicians may be subject to the rules of their respective hospitals or practice groups, which can notify them of conditions of employment that may include non-participation. If a physician participates after receiving such notice, he or she may be subject to employment consequences.

23. Are there any other states that have similar legislation?

A: Yes. The Death with Dignity National Center (DWDNC), which advocates for the passage of death with dignity laws, tracks the status of these laws around the country. Its website can be found at <https://www.deathwithdignity.org/take-action>. According to DWDNC, five (5) other states have Death with Dignity statutes. The DWDNC tracks the status of these laws and relevant court decisions around the country.